

Name
in
Full

Ronena Alexander

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Rosaryville		Town Rosaryville	P. S.	County	MARYLAND	
Date of death	1906	Month Aug	Day 19	Years	Months 20	Days
Sex	Female	Color or Race	white	Birth- place	Va	
Occupation			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband				
Father's Name	John Alexander		Father's Birthplace		Va	
Mother's Maiden Name	Hattie Davis		Mother's Birthplace		Va	
Name of person giving Information	John Alexander		How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

ileo-Colitis

105

How long

8 days.

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

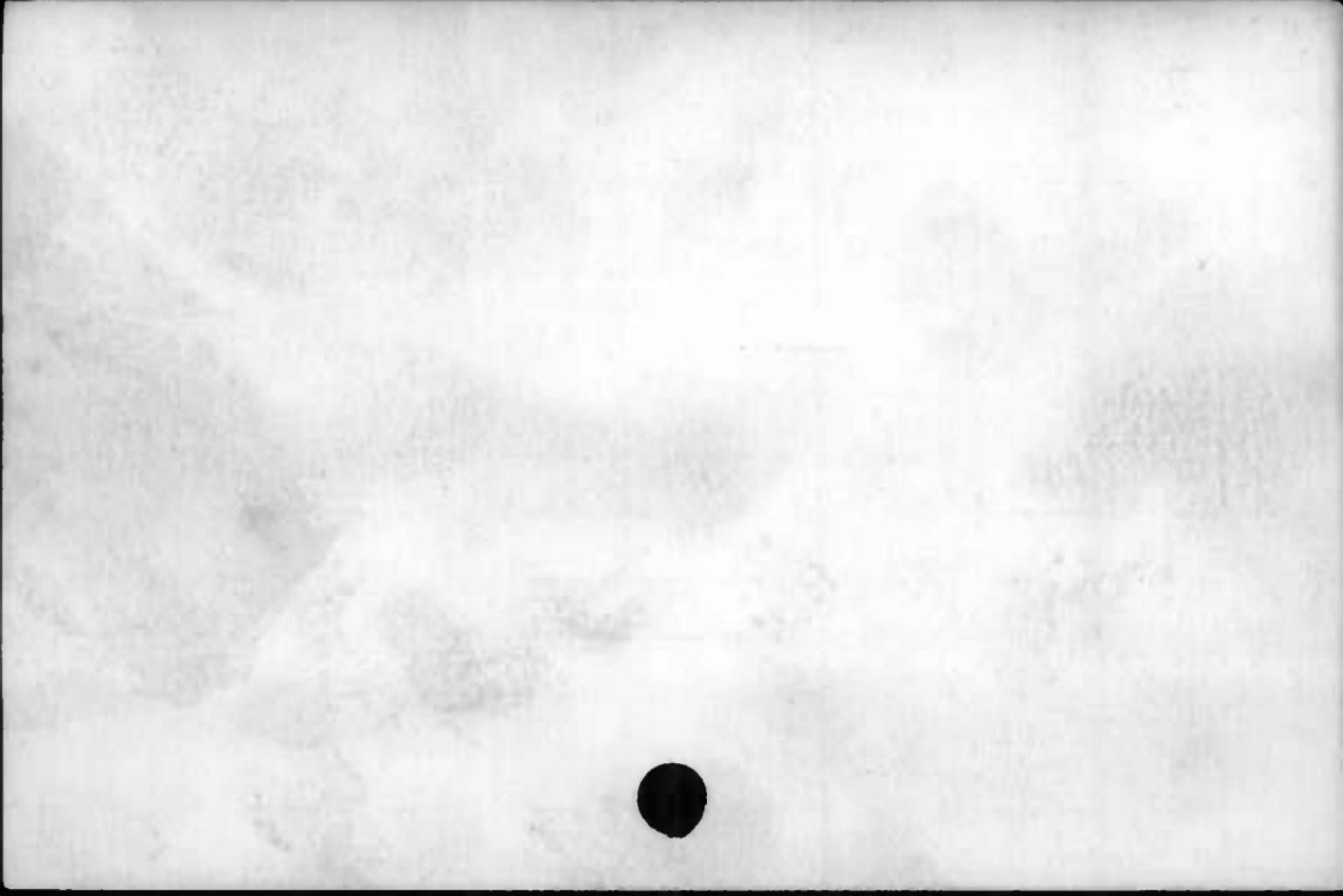
W. H. Gibbons

Address

Levem

Accident or Suicide?

P. S. Co Md



Name
in
Full

Arthur D. Anderson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Bowie	Town	2nd	Day	P.D.	County	MARYLAND	
Date of death	1906	Month	Aug	9th	Age	23	Months	6
Sex	Male	Color or Race	White	Birth-place	Ind			
Occupation	Farmer	Where Residing if not at place of death						
Married, Single or Widowed	Single	Name of Wife or Husband						
Father's Name	Arthur Anderson					Father's Birthplace	Ind	
Mother's Maiden Name	Cecilia Hopkins					Mother's Birthplace	Ind	
Name of person giving information	Basil Anderson					How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

Several yrs

Immediate

How long

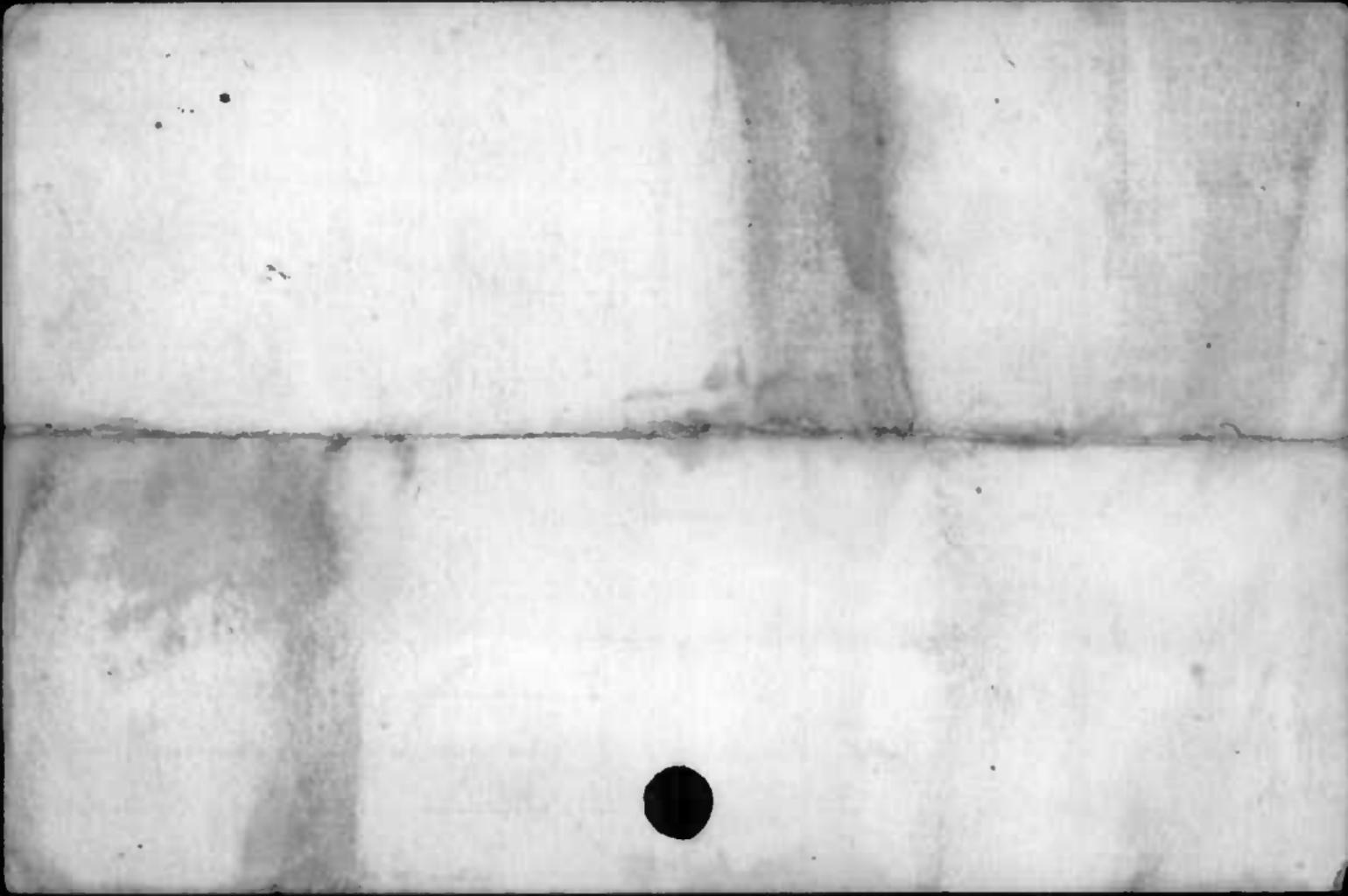
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. M. Carroll M.D.
Springfield Ind.

Accident or Suicide?



Name
in
Full

Elfreda B Becker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Birthplace	
Father's Name	Emil Becker	Father's Birthplace	Germany
Mother's Maiden Name	Emma Fenske	Mother's Birthplace	Germany
Name of person giving Information	Eleanor Becker	How related to deceased	sister

CAUSES OF DEATH

Primary

Typhoid fever

How long

3 wks.

Immediate

Haemorrhage of bowel

How long

24 hrs.

Are the name, age, sex, color, date and place correctly given above?

Yes

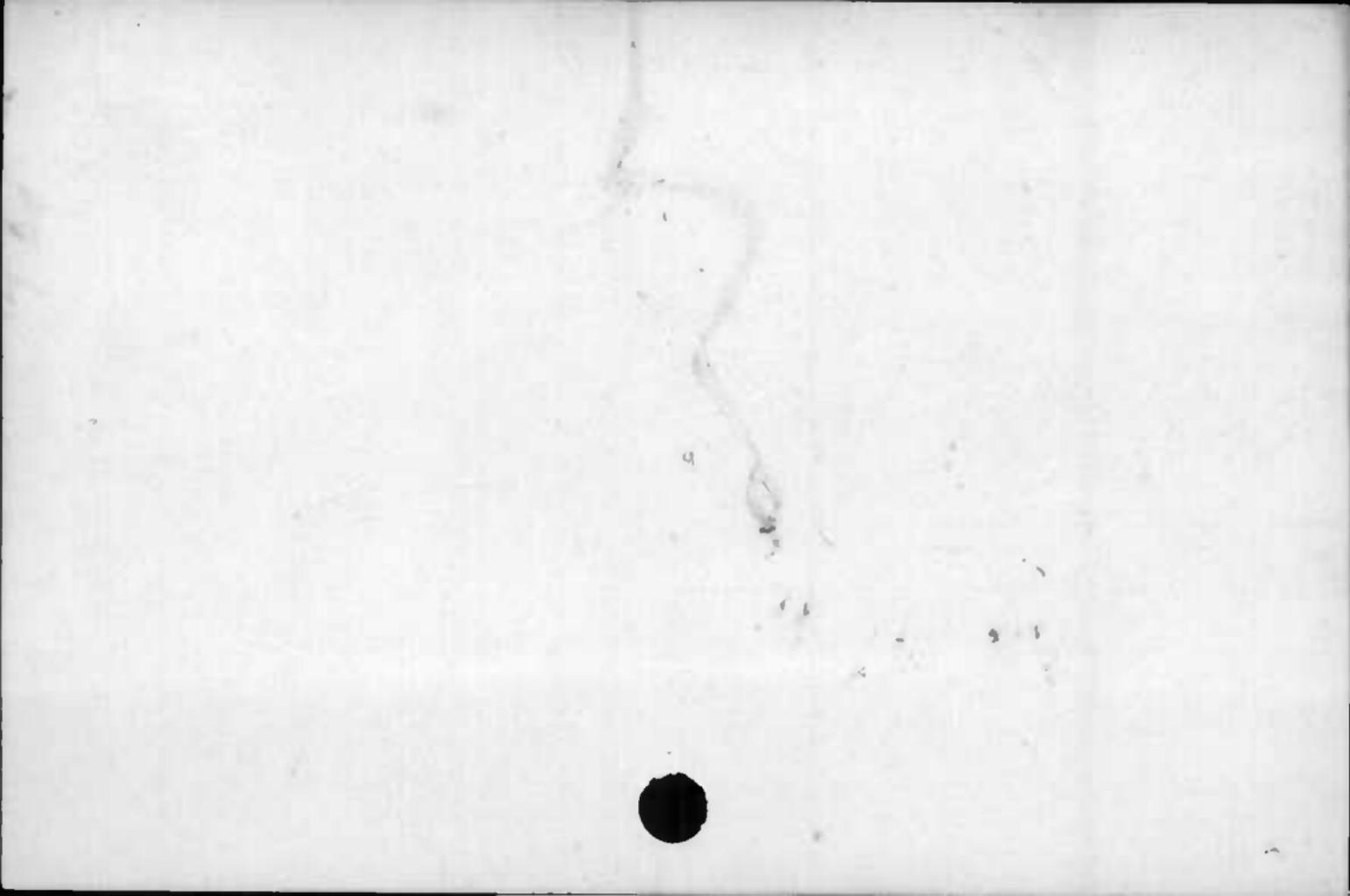
Signature of Physician

Address

Dr. J. W. Battenfield
Hyattsville
Md

Accident or Suicide?

Neither



Name
in
Full

Jeremiah Berry

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at

Town

Leland

County

Prince Co.

MARYLAND

Date
of death

1906

Month

Aug.

Day

20

Years

66

Months

—

Days

—

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Kate Berry

Father's
Name

William J. Berry

Father's
Birthplace

Maryland

Mother's
Maiden Name

Sarah Clagett

Mother's
Birthplace

Maryland

Name of person giving
Information

William Berry

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Diabetes Mellitus

How long

25 years.

Immediate

Diabetic gangrene

How long

8 months

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Dr. A. R. Walker

Address

Halls, Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Booze

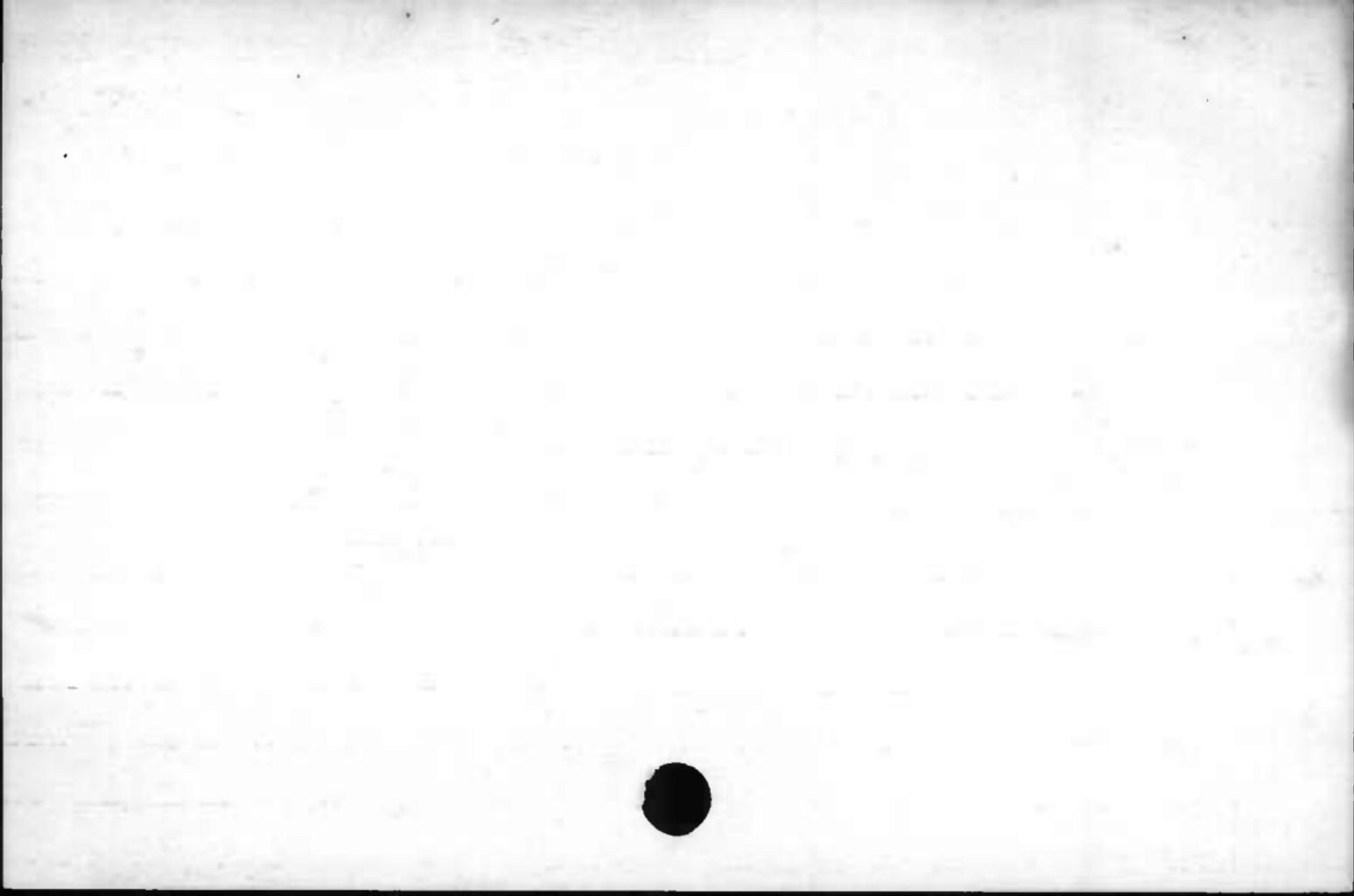
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	J.B.		Town	County	Prince Georges					
Date of death	1906	Month	August	Day	25	Years	Age	Still born.	Months	Days
Sex	female	Color or Race	Colored	Birth-place	J.B. Md					
Occupation	Where Residing if not at place of death									
Married, Single or Widowed	Name of Wife or Husband									
Father's Name	McLean (Booze).									
Mother's Maiden Name	Fannie Smith.									
Name of person giving information	Anderson. Duckett.									
CAUSES OF DEATH										
Primary	Still born.									
Immediate	—									
How long										
How long										

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician or Coroner	William H. Squires, Jr.
yes	Address	Brandywine, Md.
Accident or Suicide?		



Name
In
Full

Edward D. Boller

CERTIFICATE OF DEATH

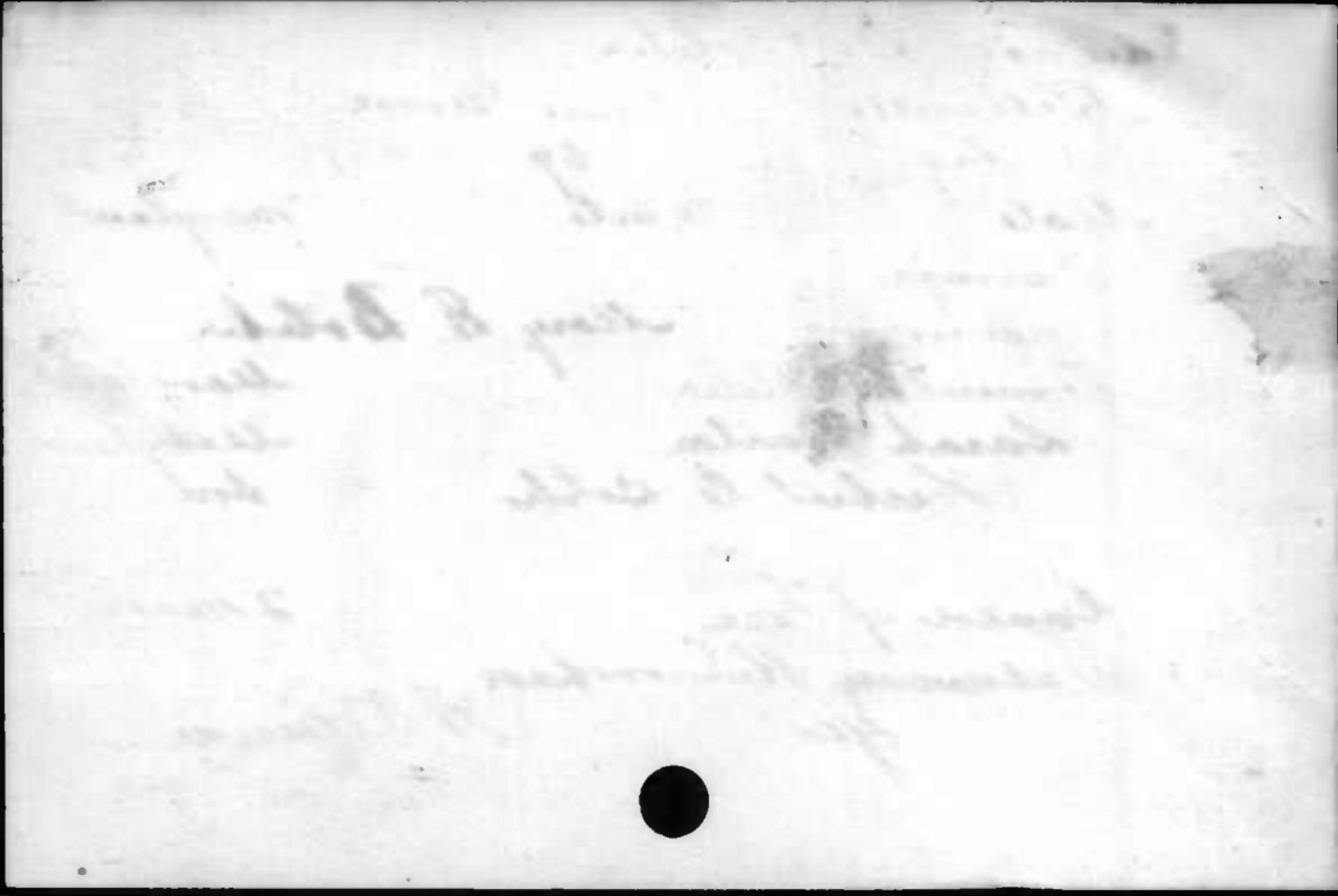
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	69	37	12
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Mary E. Boller			
Father's Name	Lemuel Boller				
Mother's Maiden Name	Sarah Burton				
Name of person giving information	Herbert C. Boller				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer of Face (44)		How long	2 years
Immediate	Pulmonary Hemorrhage		How long	—
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	R. D. Etienne	
		Address	Berwyn Md	
Accident or Suicide?	—			



Name
in
Full

Richard Bowser

CERTIFICATE OF DEATH

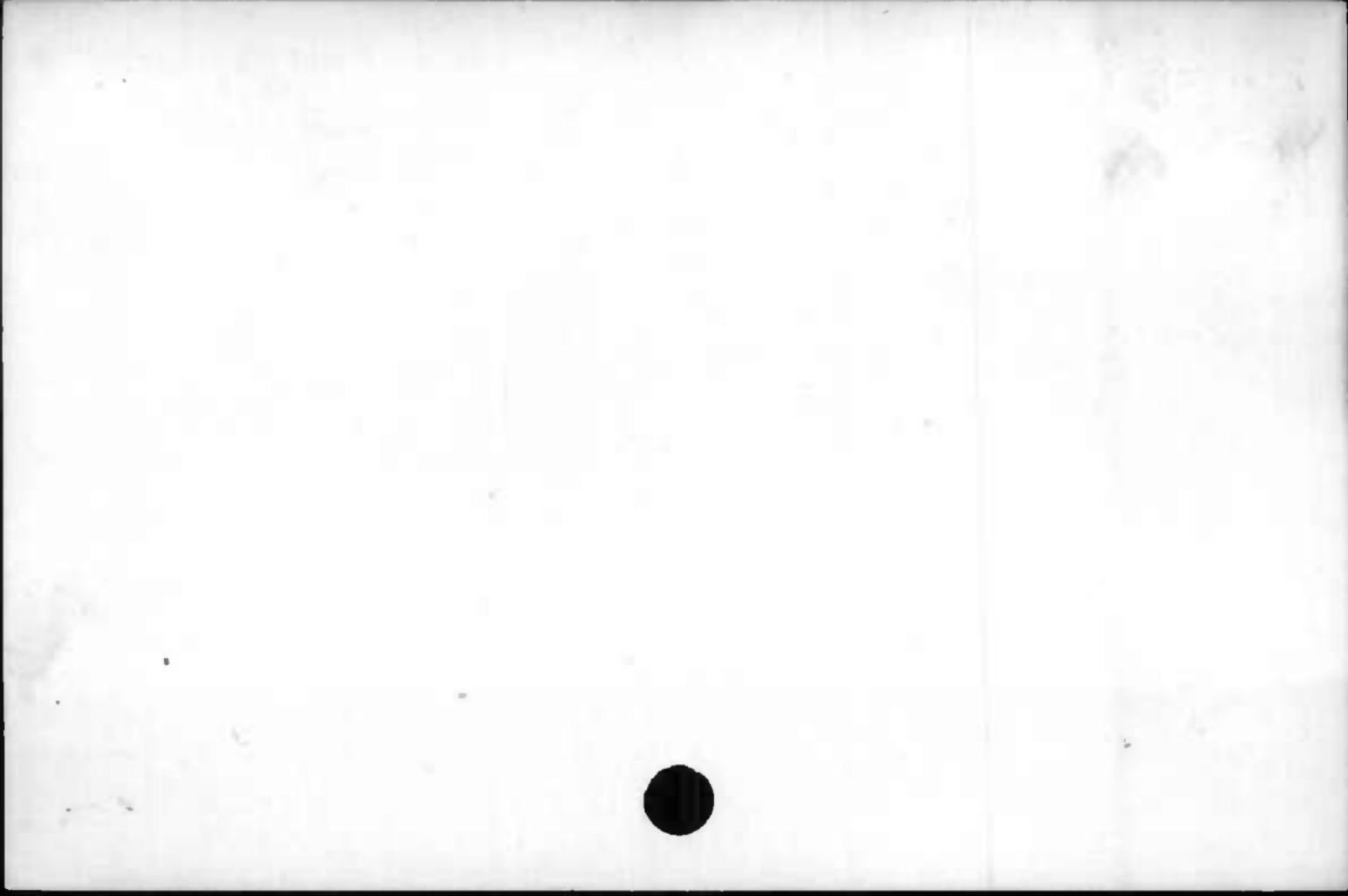
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	male	Color or Race	Colored	Birth-place	Maryland
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Richard Bowser			Father's Birthplace	Maryland
Mother's Maiden Name	Mary Hawkins			Mother's Birthplace	Maryland
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis of Jungs (3)		How long	4 years
Immediate	Anemia		How long	6 mos.
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	M. A. R. Walker
			Address	Hall, Md.
Accident or Suicide? —				



Ardean Brown

Town

County

Died at

Lakeview

Month

Day

De Geo.

Y.

M.

D.

MARYLAND

Date 19

Aug 22

Male

White

Female

Colored

Age

34

Married

Single

Widow

Widower

Native of

Md

Occupation

Housewife

Divorced

Number of children living

Husband

of

Pleasance Brown

Wife

Mother's

Father's

Maiden Name

Name

62

How long sick

Cause of

Primary

Pulmonary

Death

Immediate

Hemorrhage

Accident, Suicide, Homicide

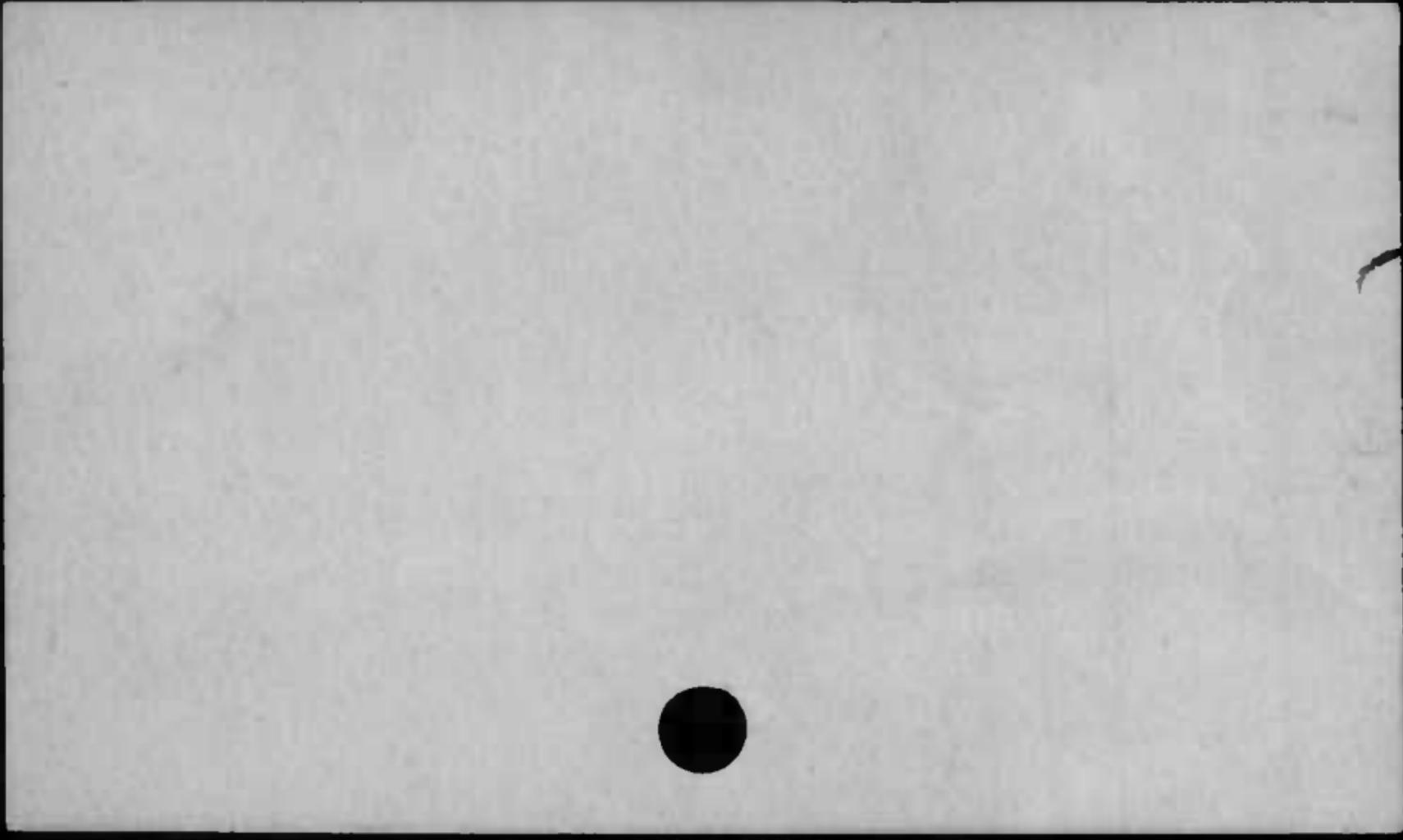
Reported by

W.D. Enyedi and

Prayl Park

Address

One



Name
in
Full

Caroline Butler

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at <u>Huntington</u> Town		<u>P.D.</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>Aug</u>	Day <u>12</u>	Age <u>75</u>	Years	Months <u>0</u> Days <u>0</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place			
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Jerry Butler</u>				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information <u>Betty Fleet</u>	How related to deceased <u>Nephew</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Septicemia

How long

10 days

Immediate

20

How long

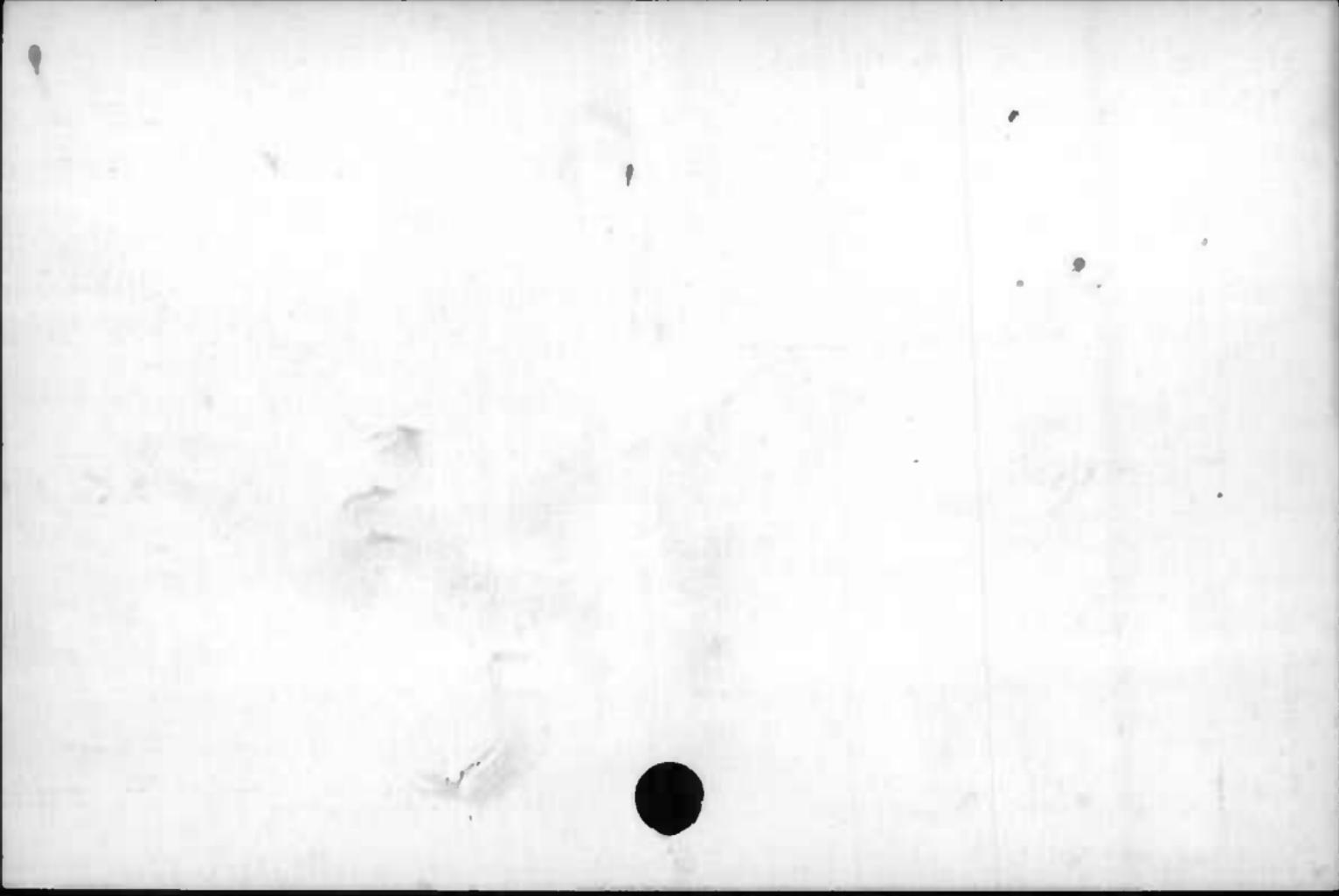
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W.S. Gibson
Crown and

Accident or Suicide?



Name
in
Full

Jerry Butler

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Nottingham	Prince George			
Date of death	Month	Day	Years	Months	Days
1906	Aug.	13	83		
Sex	Male	Color or Race	Colored	Birth-place	
Occupation	Farming		Where Residing if not at place of death		
Married, Single or Widowed	Married		Name of Wife or Husband	Caroline Butler	
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information	Benj Fleet		How related to deceased		Nephew

CAUSES OF DEATH

Primary

Senile

154

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

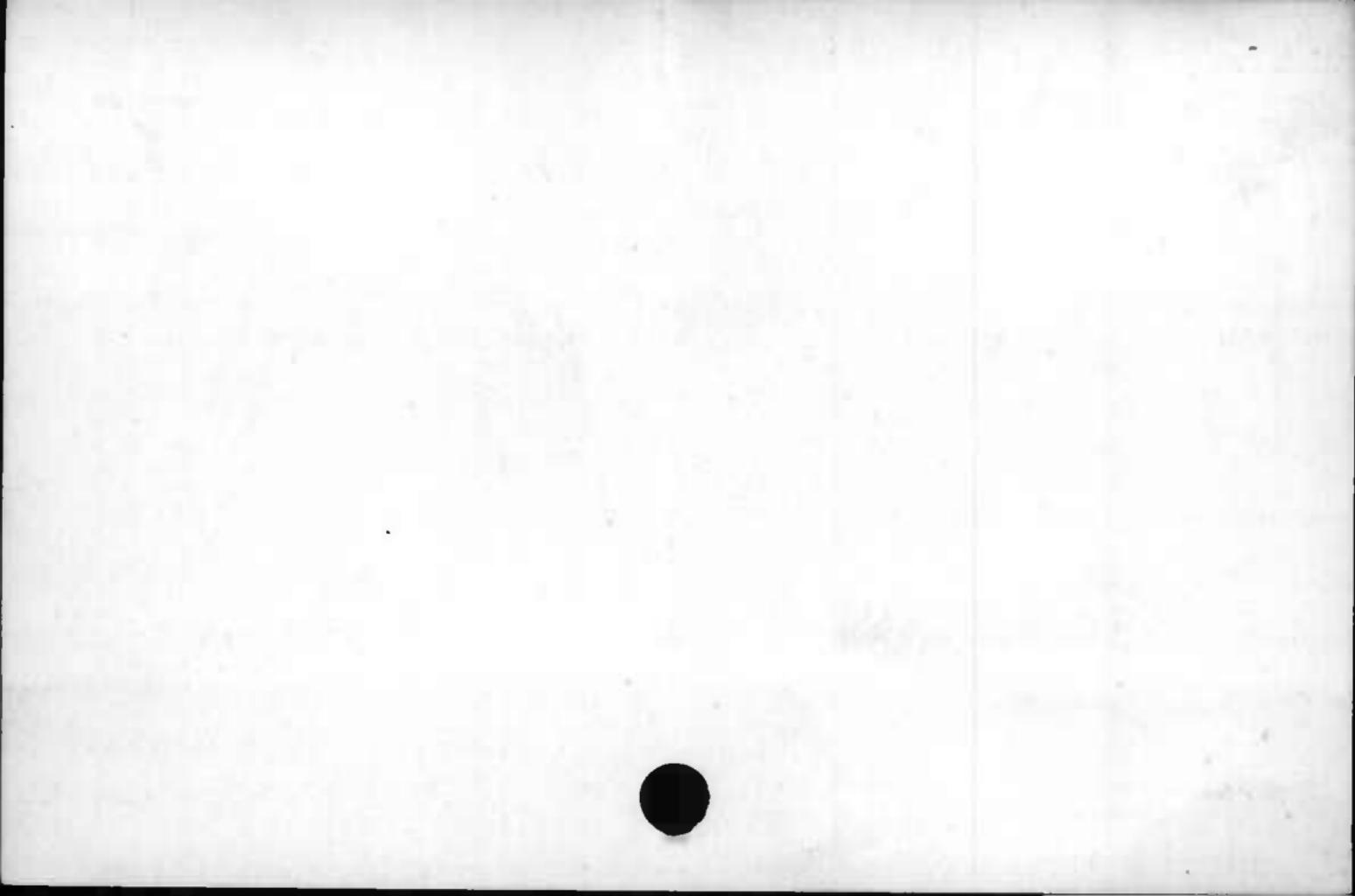
Signature of Physician

Address

W. H. Gibbons,
Croom, Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Charles Baltimore Calvert.

CERTIFICATE OF DEATH

MARYLAND

Died at	Town		County			
Mac Alpine			Prince	George		
Date of death	Month	Day	Years	Age	Months	Days
1906	Aug	31	63			
Sex	Color or Race		Birth-place			
Male	White		Prince Geo. Co. Md.			
Occupation	Where Residing if not at place of death					
Retired Businessman	Mac Alpine					
Married, Single or Widowed	Name of Wife or Husband					
Married	Eleanor M. Calvert					
Father's Name	Father's Birthplace					
Charles B. Calvert	Md.					
Mother's Maiden Name	Mother's Birthplace					
Charlotte A. Morris	Balto. Md.					
Name of person giving information	How related to deceased					
George H. Calvert	Son.					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Distictal Nephritis

How long

3 yrs

Immediate

Pulmonary Oedema

How long

36 hrs.

Are the name, age, sex, color, date and place correctly given above?

Yes

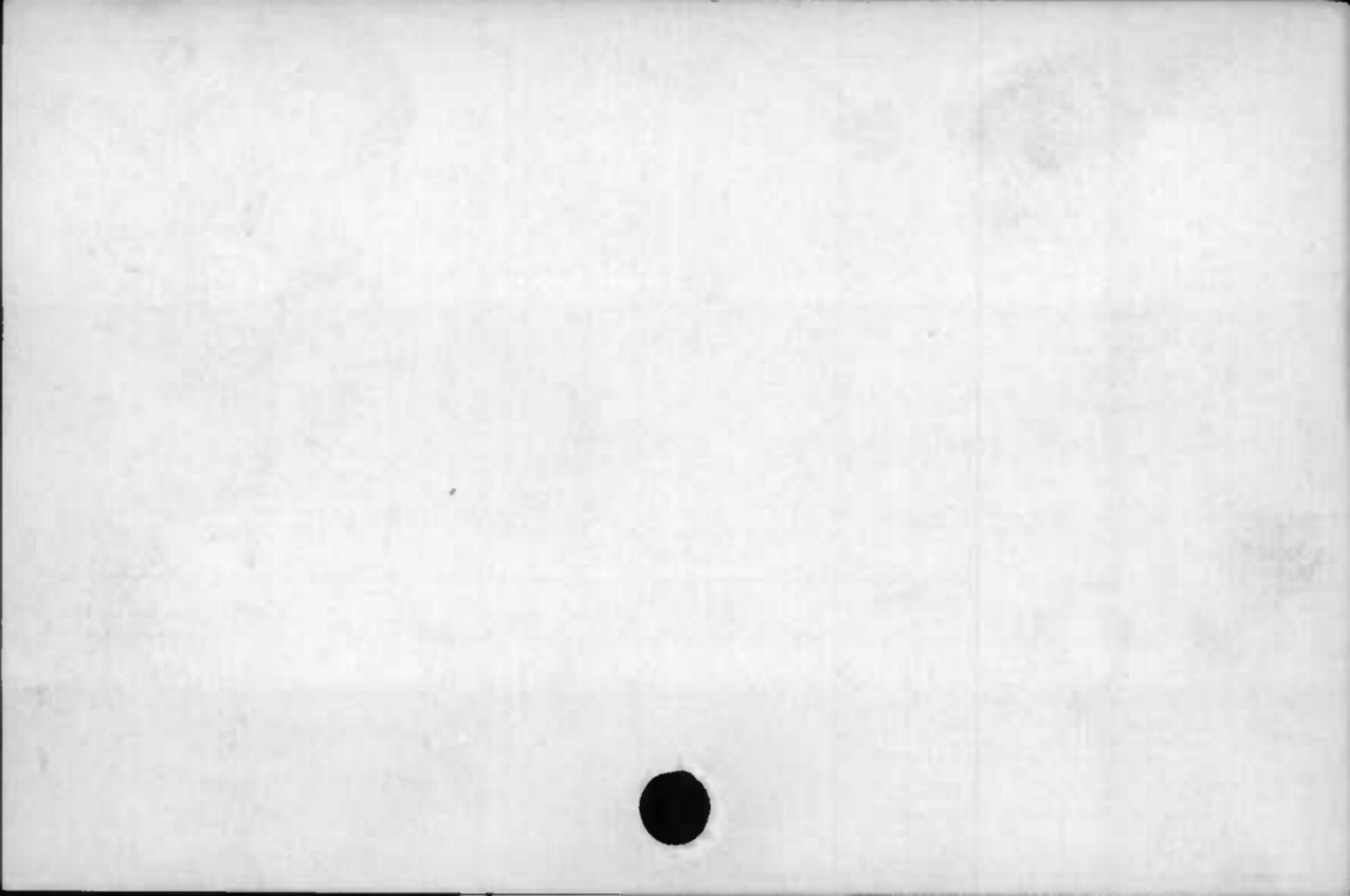
Signature of Physician

Address

George Baltimore Calvert
Hyattsville
Md

Accident or Suicide?

Neither



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Angelica Lancy

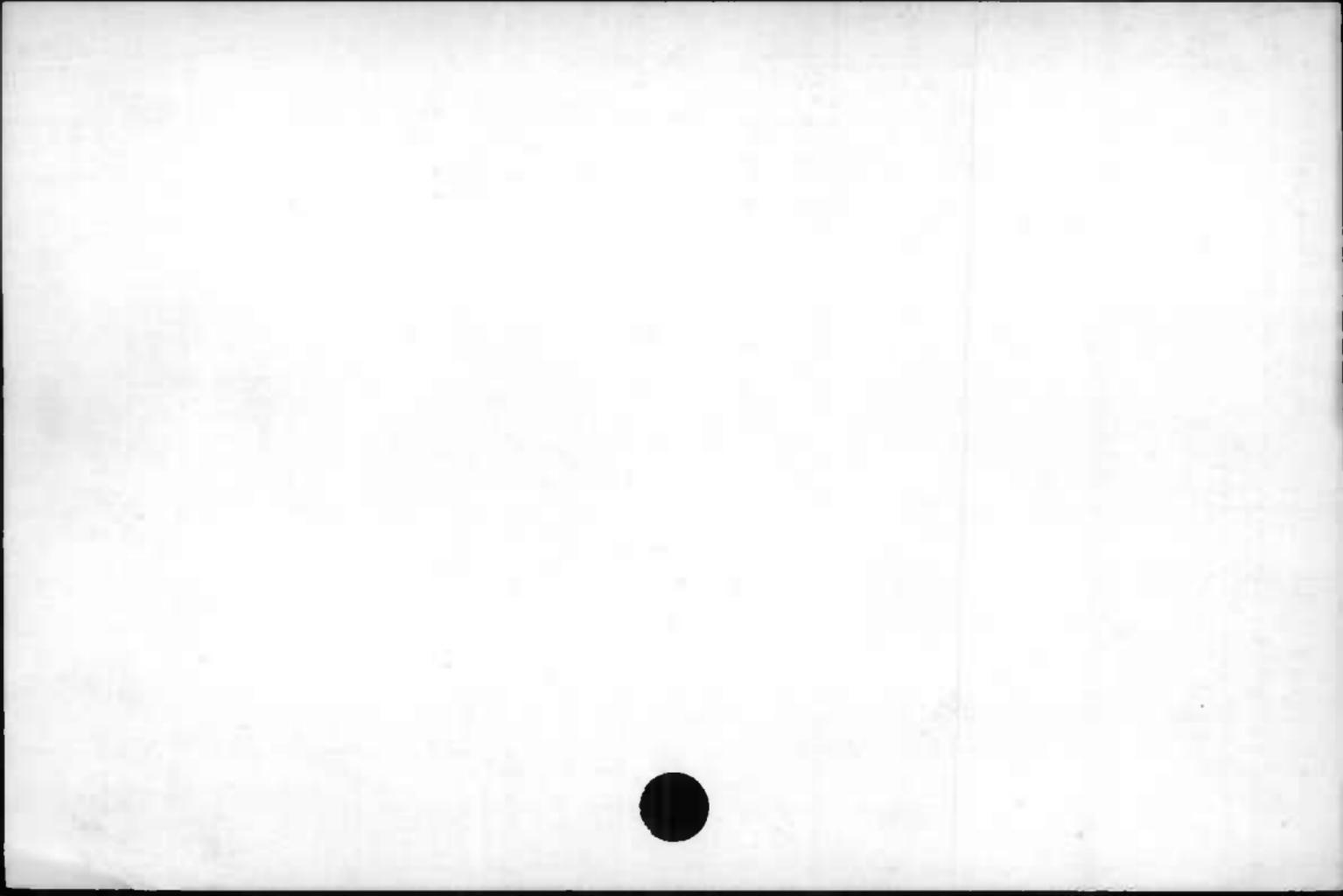
CERTIFICATE OF DEATH

MARYLAND

Died at <i>Leachy Ld., C.</i>		County <i>Prince George's Co.</i>			
Date of death <i>1906 Aug</i>	Month <i>Aug</i>	Day <i>26</i>	Years <i>48</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>W. C.</i>			
Occupation <i>—</i>	Where Residing If not at place of death <i>W. C.</i>				
Married, Single or Widowed <i>U</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>—</i>	Father's Birthplace <i>U</i>				
Mother's Maiden Name <i>U</i>	Mother's Birthplace <i>U</i>				
Name of person giving Information <i>Thos. McNeely</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

Primary <i>Heart trouble</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Not Noted in 2. Sparring Justice Ind</i>
Address <i>—</i>	
Accident or Suicide? <i>—</i>	



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Eddy F. L. May Davidson

CERTIFICATE OF DEATH

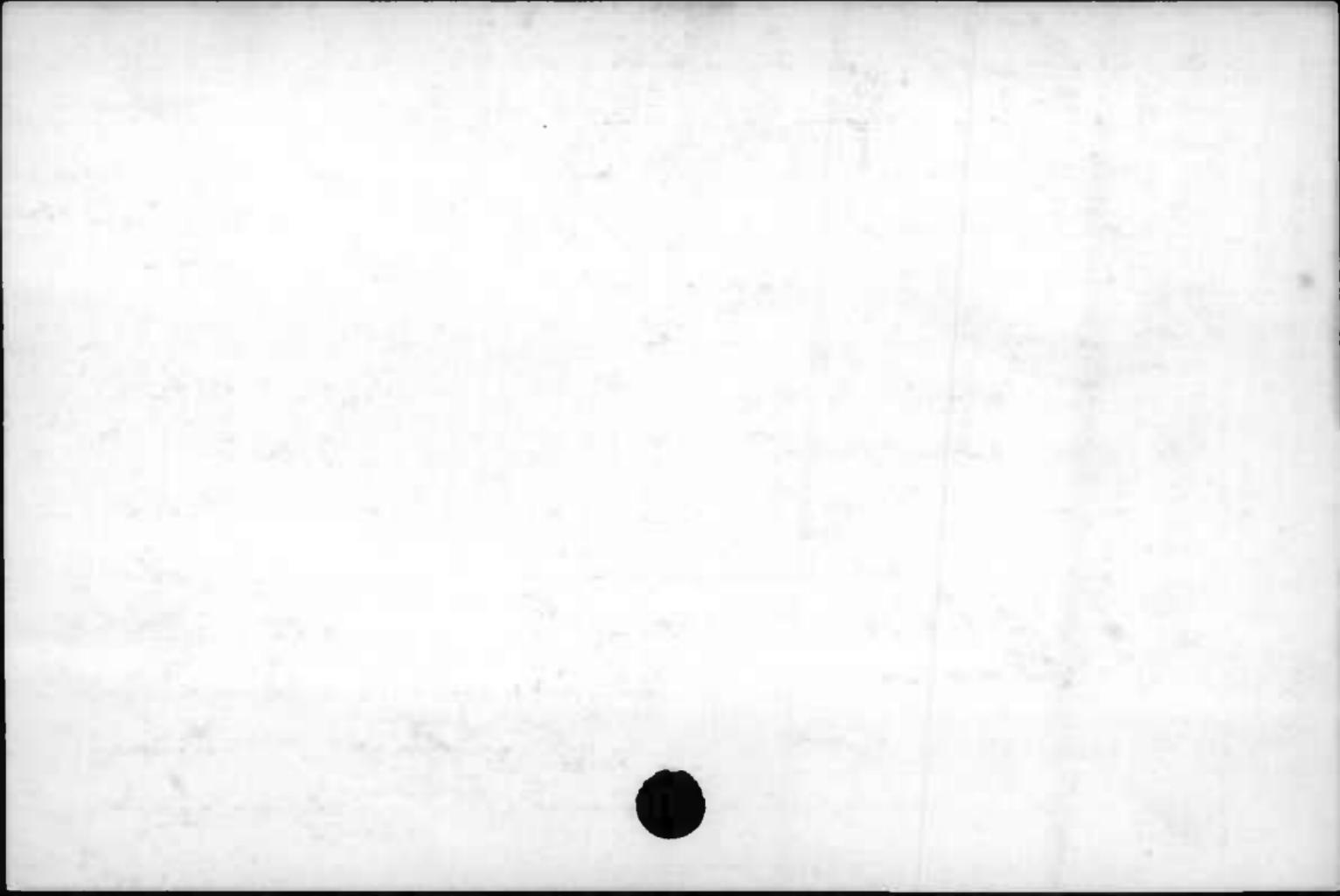
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Name of person giving information			
Father's Name	Joseph Davidson				Father's Birthplace
Mother's Maiden Name	Rosetta Bigler				Mother's Birthplace
Name of person giving information			How related to deceased		

Laurel Aug 3 1906 4 8 9
Female White Laurel
Name. Name
Yes Mrs.
Joseph Davidson Laurel
Rosetta Bigler Balm
Laurel Davidson Fatten

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever	+	How long	4 weeks
Immediate	Toxaemia	+	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
Yes		Dr. F. L. May	Laurel, Md.	
Accident or Suicide?				



Name
in
Full

Francis R. Garner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at Largo		P. G.				
Date of death	1906	Month July	Day 14	Years 73	Months	Days
Sex	Male	Color or Race	white		Birth-place	P. G. Largo, Md
Occupation	Laborer		Where Residing if not at place of death		—	
Married, Single Widowed	Widower	Name of Wife or Husband	Jane Garner			
Father's Name	Samuel Garner				Father's Birthplace	P. G. Largo, Md
Mother's Maiden Name	Elizabeth Webster				Mother's Birthplace	P. G. Largo, Md
Name of person giving information	Anthony S. Garner				How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

natural causes (10) 30 minutes

Immediate

steat trouble

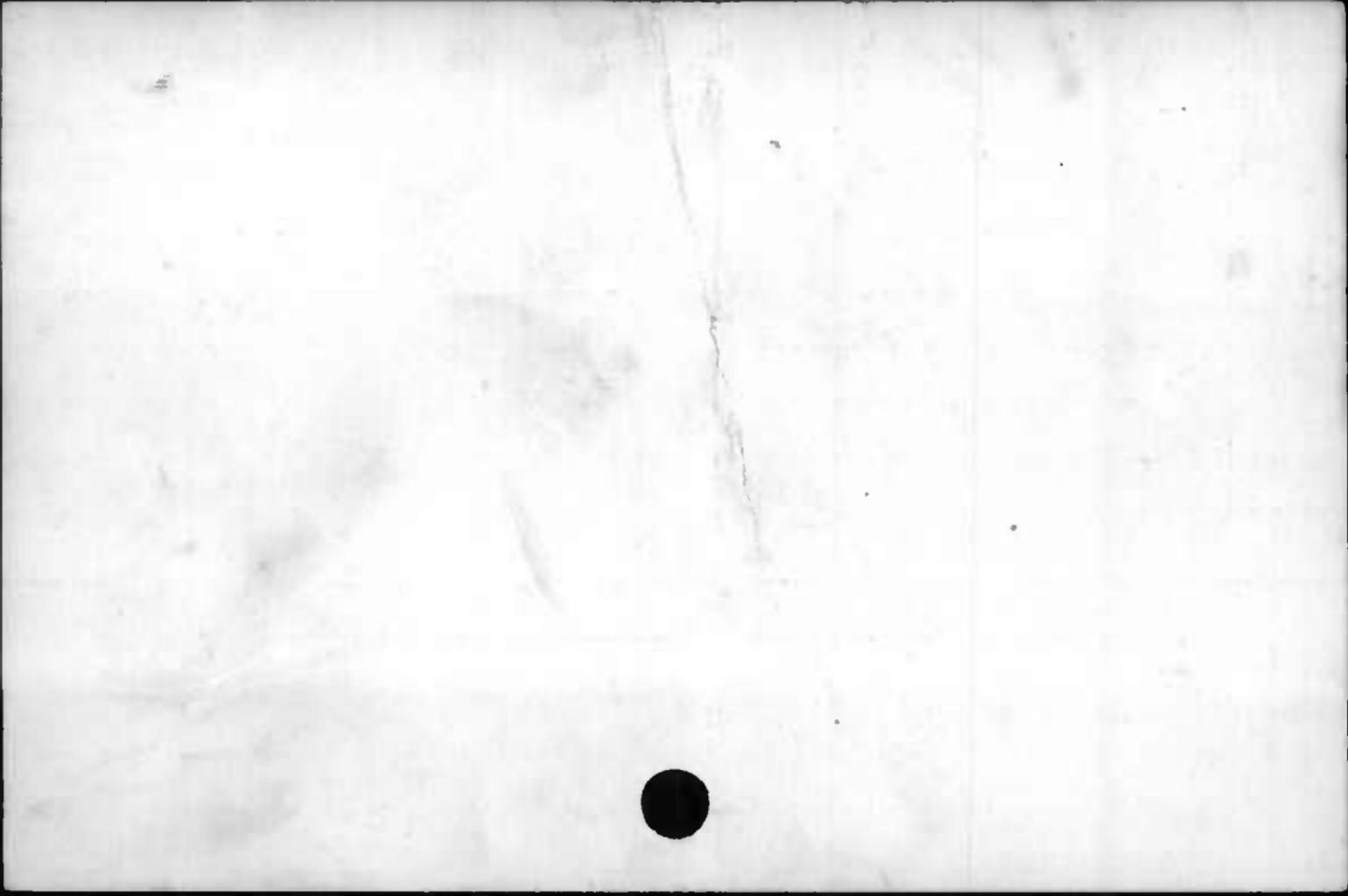
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John S. Sawchuk
Germantown
Md

Accident or Suicide?



Name
in
Full

Beatrice Germanam

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Chilum</u>		Town	Prince George		County	MARYLAND	
Date of death	1906	Month Aug	Day 28	Age	Years 2 years	Months	Days
Sex	Female	Color or Race	White		Birth-place	Maryland	
Occupation	house	Where Residing if not at place of death			_____		
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	George F Germanam.			Father's Birthplace	Wash. D.C.		
Mother's Maiden Name	Irene Germanam.			Mother's Birthplace	Maryland		
Name of person giving Information	Mrs S Bergen			How related to deceased	none		

CAUSES OF DEATH

Primary

Enteric Colitis

106

How long

Ten days

Immediate

Heart failure

How long

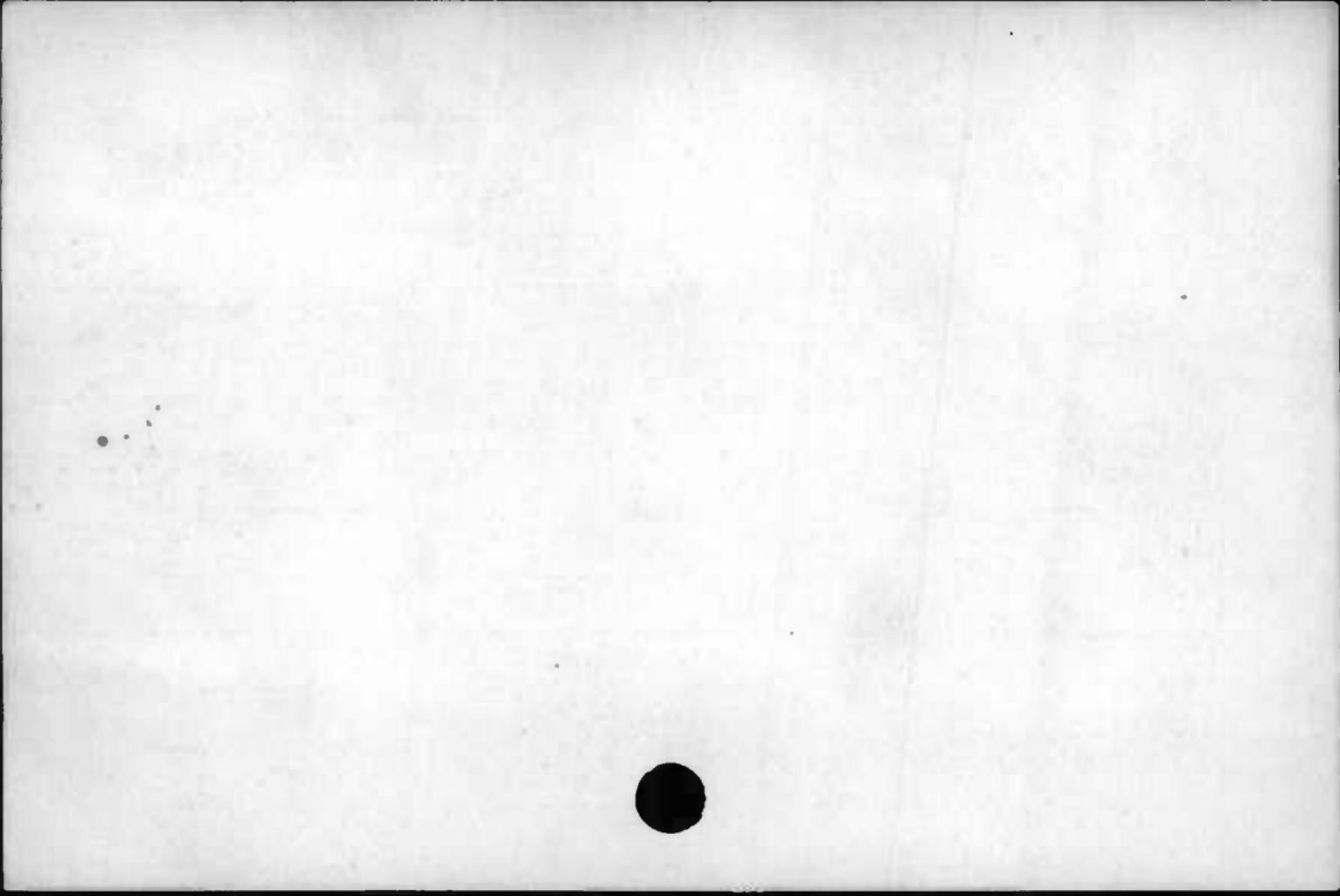
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Charles L. Waters M.D.
Chas H. Waters M.D.

Address

Accident or Suicide?



Name
in
Full

Jeremiah Alfred Grimes

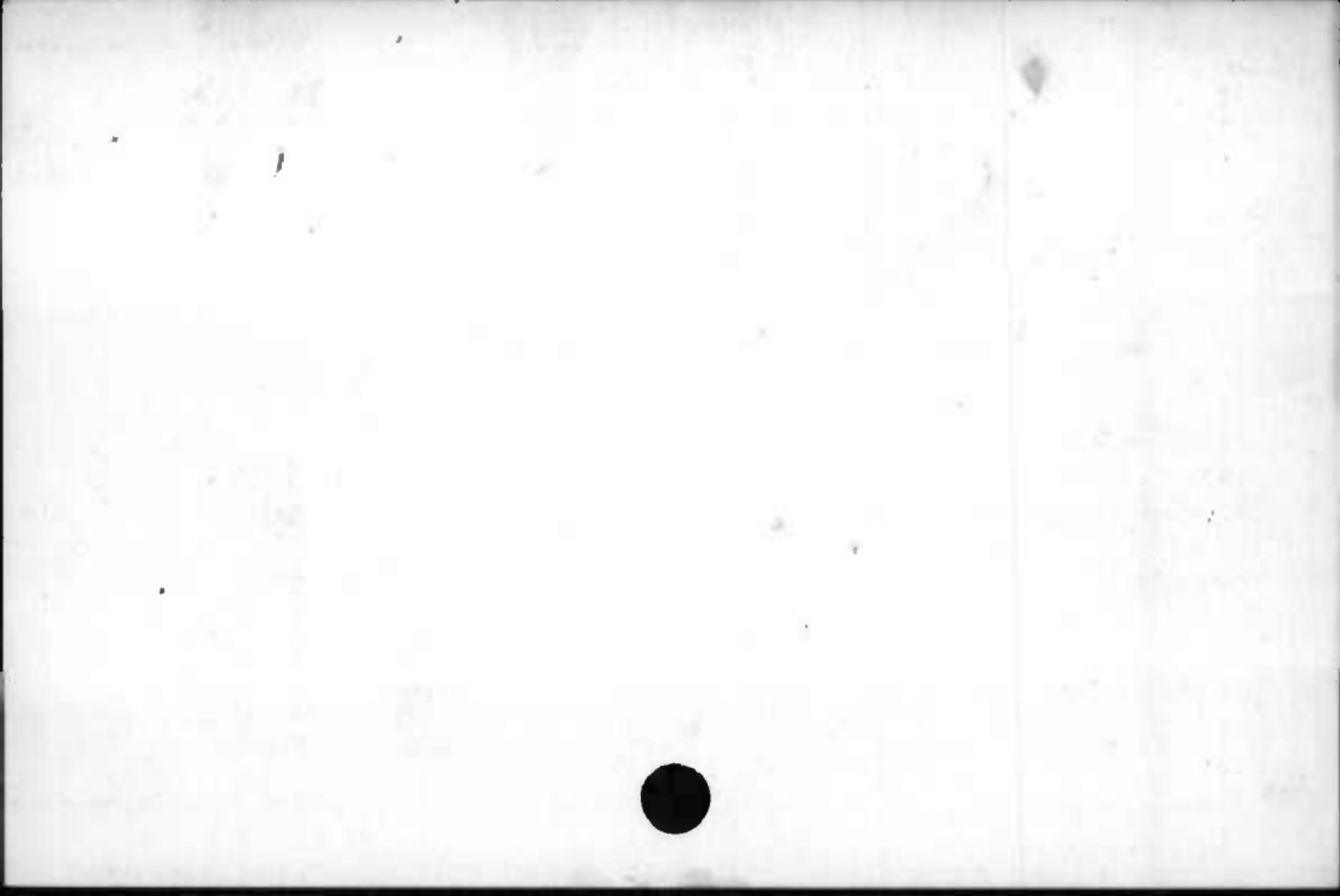
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not et place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	—			Father's Birthplace	—
Mother's Maiden Name	—			Mother's Birthplace	—
Name of person giving Information	John Grimes			How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Acute Nephritis	19	How long	28 days
	Immediate	Delirium & Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	E. P. Simpson M.D.	
Yes			Address	Rosencroft Md.	
Accident or Suicide?					



Name
In
Full

Dorsey Mary Gross

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906	Month aug	Day 6	Years	Months 8	Days
Sex	Female	Color or Race	Black	Birth-place	Lakeland	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	George J. Gross		Father's Birthplace	Cal. Co 2nd		
Mother's Maiden Name	Rosa Simpson		Mother's Birthplace	St. Mary Md.		
Name of person giving information	George J. Gross		How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pertussis & Diarrhoea

How long

4 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

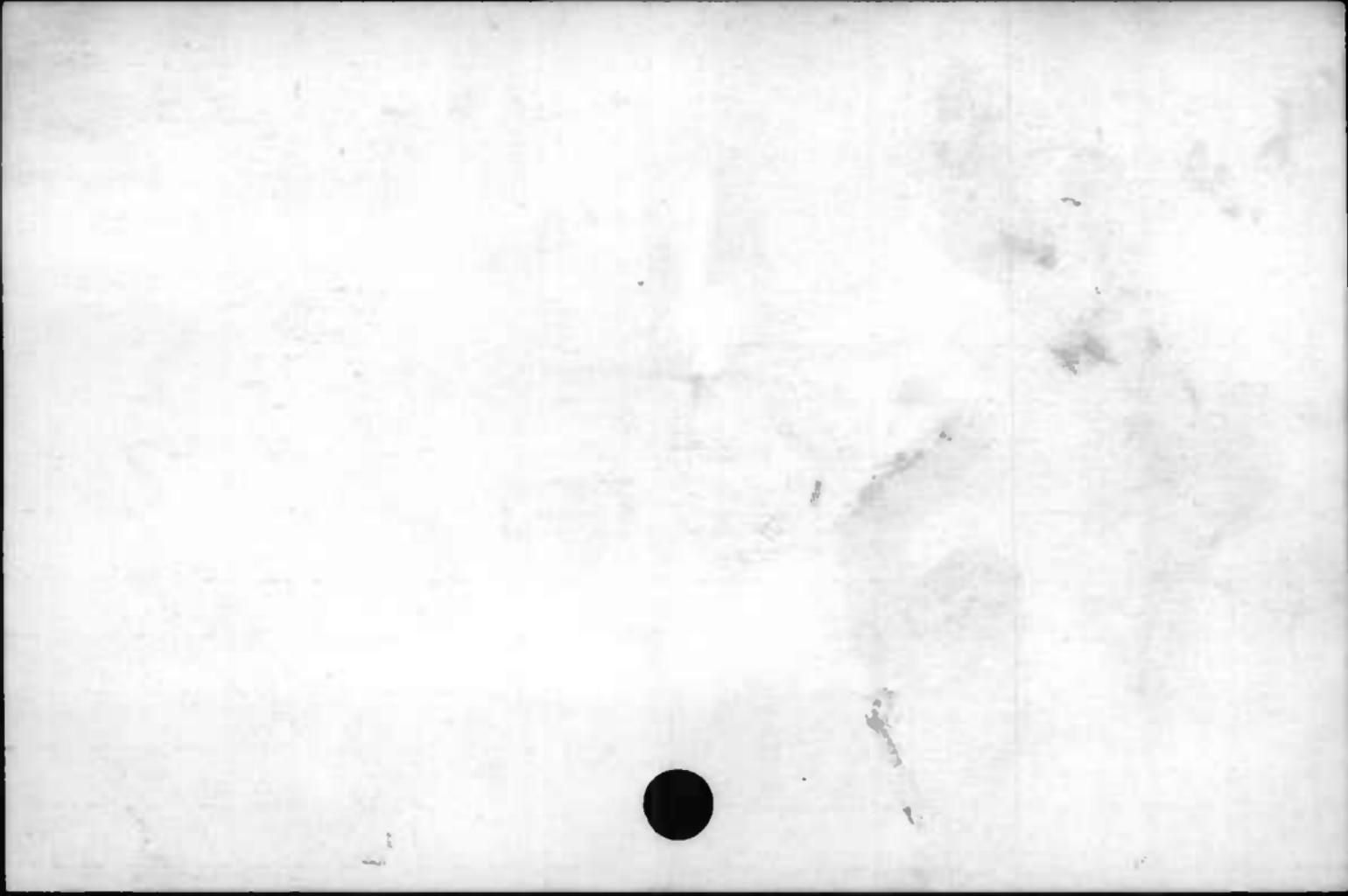
Yes

Signature of Physician

Address

St Etienne
Baltimore Md

Accident or Suicide?



Name
in
Full

Mary E. Gross

CERTIFICATE OF DEATH

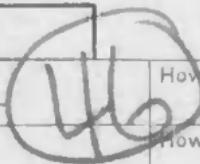
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death 1906	Month 8	Day 14	Years 51	Months 11	Days	
Sex Female	Color or Race Colored	Birth-place Md.				
Occupation House work	Where Residing if not at place of death					
Married, <input checked="" type="checkbox"/> <input type="checkbox"/>	Name of Wife or Husband	Lewis Gross				
Father's Name	James Baker					Father's Birthplace Md.
Mother's Maiden Name	Anne M. "					Mother's Birthplace "
Name of person giving information	Lewis Gross					How related to deceased Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Abdominal Tumor  How long 3 mo

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Accident or Suicide?

Address

E.P. Brinser
Rosedale Md.



Name
in
Full

Matilda Gross

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Baltimore

Town

County

Prince George

MARYLAND

Date
of death 1906

Month

Day

Years

Age 65

Months

Days

Sex Female

Color or
Race

Black

Birth-
place

Mal

Occupation

Laborer

Where Residing if not
at place of death

Baltimore

Married, Single
or Widowed

Name of Wife or
Husband

Matilda Gross

Father's
Name

Dont Know

Father's
Birthplace

Dont Know

Mother's
Maiden Name

" "

Mother's
Birthplace

ned

Name of person giving
Information

Reuben H Lancaster

How related
to deceased

None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

abn liver

How long

6 month

Immediate

Pneumonia

How long

or 6 day

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

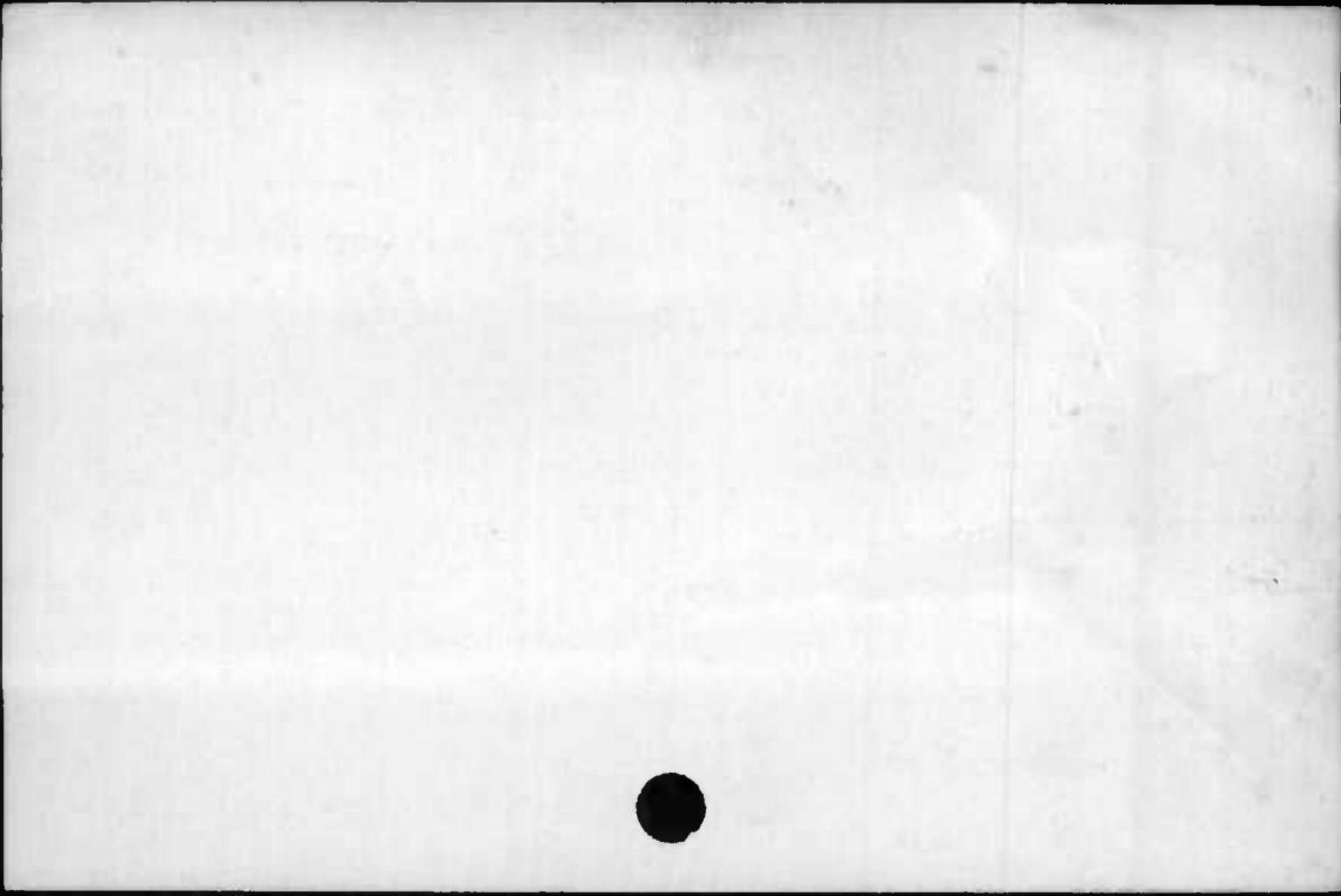
Yes

Address

6 a Fox

Accident or Suicide?

Bethelville Md.



Freddy Holliday

Town

Seat Pleasant

County

Pr. Li

State of

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1906

8 23

Age 1M 3 days

Maryland

none

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

none

Husband of none

Wife

Father's

Name

Mother's
Maiden Name

Effie Holliday

How long sick

since birth

Cause of

Primary

sick when born

151

Accident, Suicide, Homicide

Death

Immediate

Exhaustion

Reported by

Mary Ridgley midwife

Mary Ridgley midwife
Mr E. B.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name

In
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Theodore Hawkins					CERTIFICATE OF DEATH	
Died at		Town	Princ	County	MARYLAND	
Date of death	1906	Month Aug	Day 10	Years —	Months —	Days 21
Sex	Male	Color or Race	Colored	Birth-place	Md	
Occupation			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband				
Father's Name		Bernard Hawkins		Father's Birthplace		md
Mother's Maiden Name		Rosetta Thomas		Mother's Birthplace		md
Name of person giving information		Bernard Hawkins		How related to deceased		Father

CAUSES OF DEATH

Primary

Strangled

How long

6 days

105

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

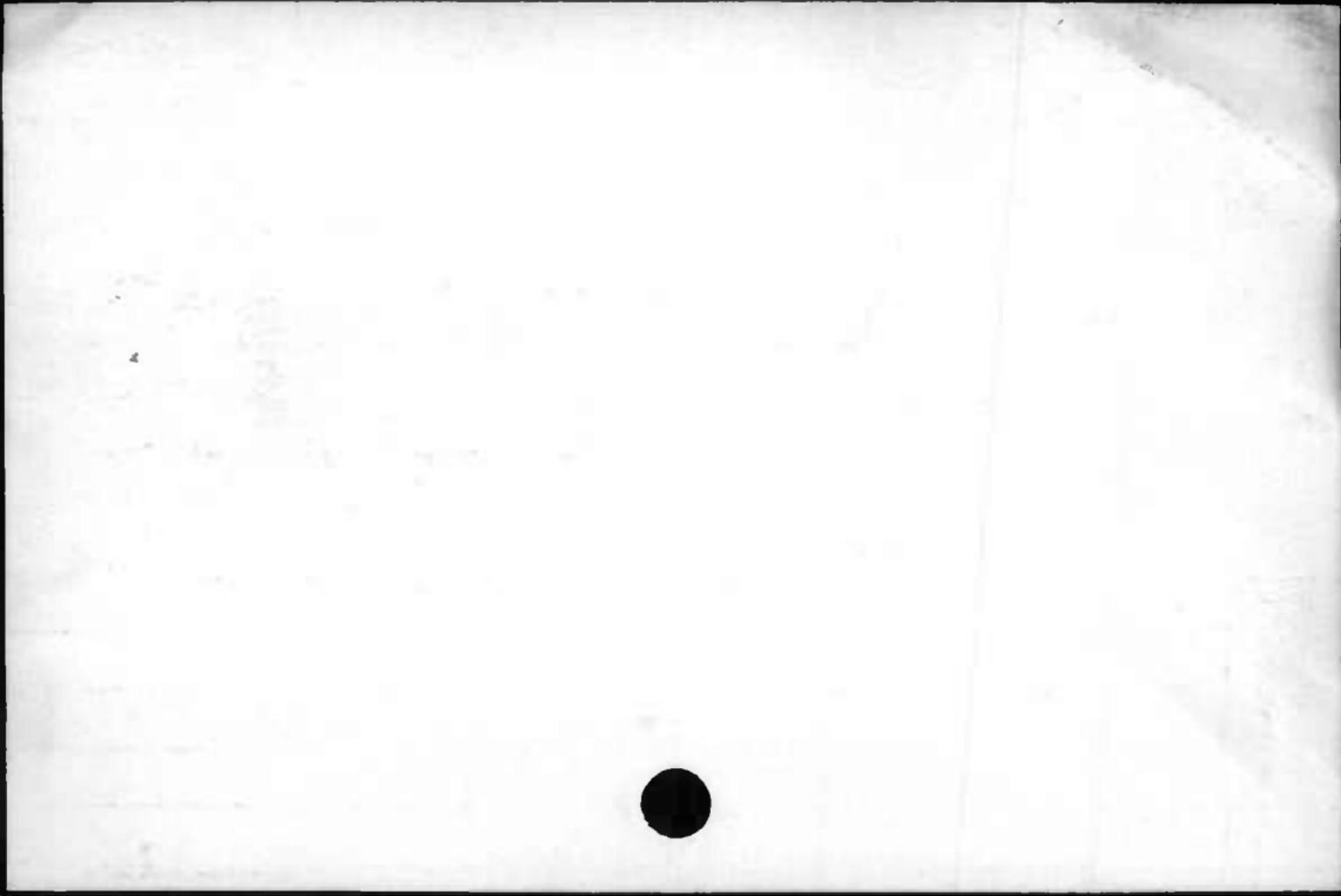
Signature of Physician

Address

No physician

Residence

Accident or Suicide?



TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at		Town <u>Siber Hill</u>	County <u>Pr. Geo.</u>	MARYLAND	
Date of death	Month <u>1906</u>	Day <u>8</u>	Years	Months <u>11</u>	Days <u>15</u>
Sex <u>Female</u>	Color or Race	<u>Colored</u>		Birth- place <u>Md.</u>	
Occupation —	Where Residing if not at place of death —				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband —				
Father's Name <u>Frank Hickman</u>					Father's Birthplace <u>Md.</u>
Mother's Maiden Name <u>Mary A. Nillard</u>					Mother's Birthplace "
Name of person giving Information <u>Frank Hickman</u>					How related to deceased <u>Father</u>

CAUSES OF DEATH

Primary

Toxilis

(10)

How long

11 days

Immediate

Fever + Exhaustion

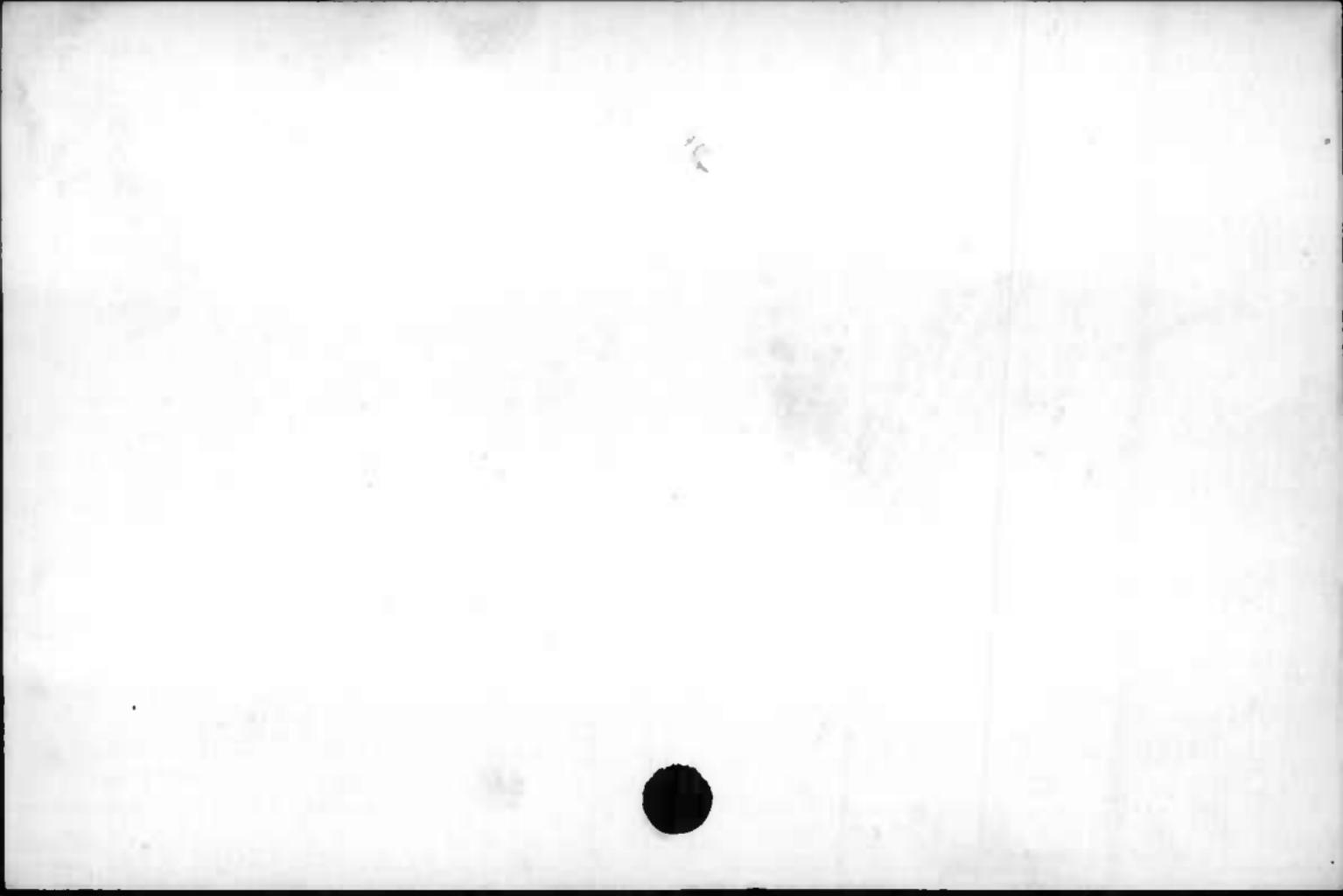
How long

Are the name, age, sex, color, date
and place correctly given above?yesSignature of
Physician

Address

E.P. Simpson MD
Rosecroft Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

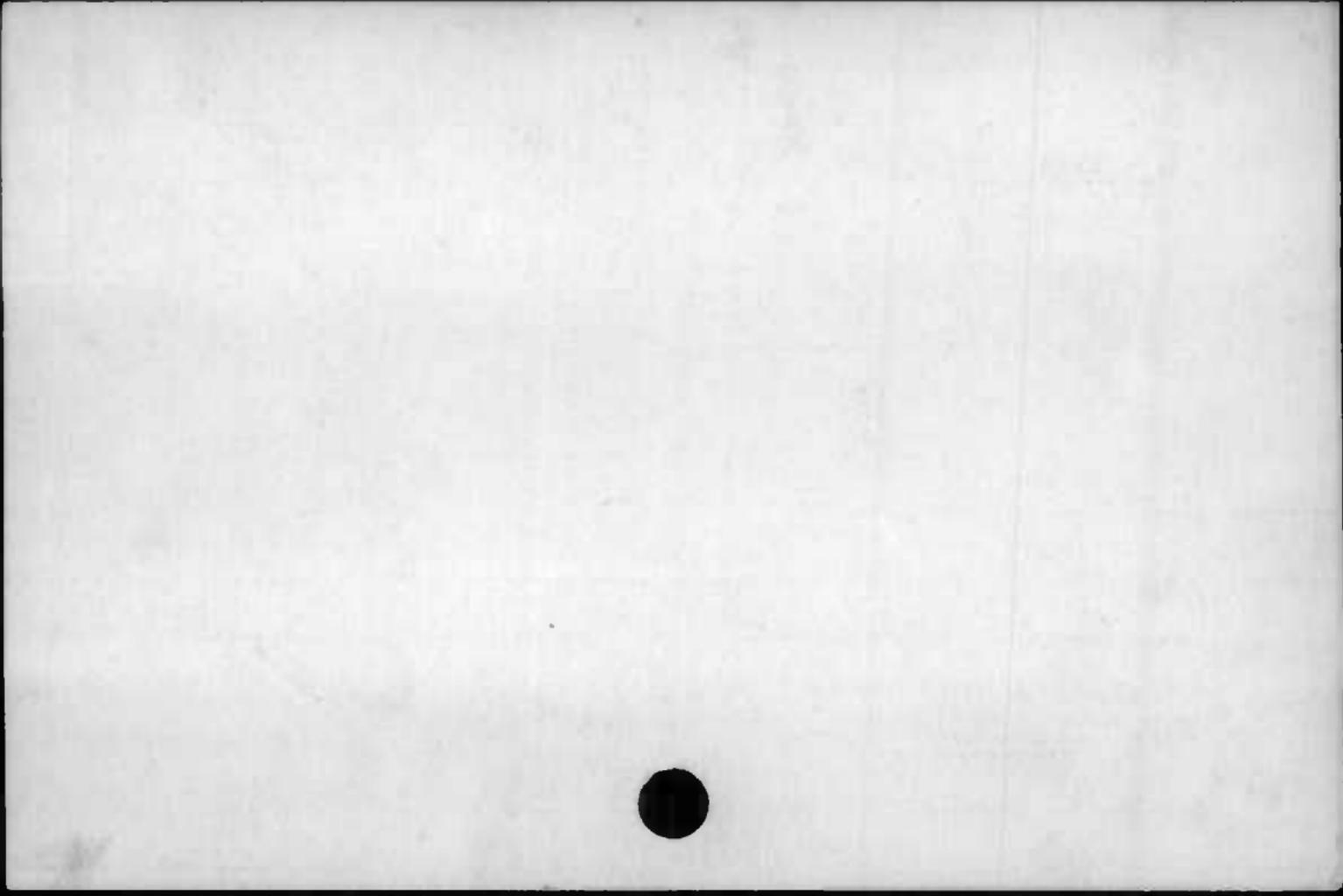
CERTIFICATE OF DEATH

Died at <u>Brentwood</u> Town		A County <u>Prince George</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>August</u>	Day <u>29th</u>	Years <u>82</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Md</u>			
Occupation <u>Domestic</u>	Where Residing if not at place of death <u>Brightwood Ave. D.C.</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>John Johnson</u>	Father's Birthplace <u>Md</u>			
Father's Name <u>Unknown to Performer</u>	Mother's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Hawkins</u>	How related to deceased <u>Son-in-law</u>				
Name of person giving information <u>Jacob Fay</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cerebral hemorrhage</u>	How long <u>ten days</u>
Immediate <u>Total paralysis</u>	How long <u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>E.W. Birdsell M.D.</u>
<u>Approximately</u>	Address <u>Hyattsville Md</u>
Accident or Suicide?	



Name
in
Full

Julius Jones

CERTIFICATE OF DEATH

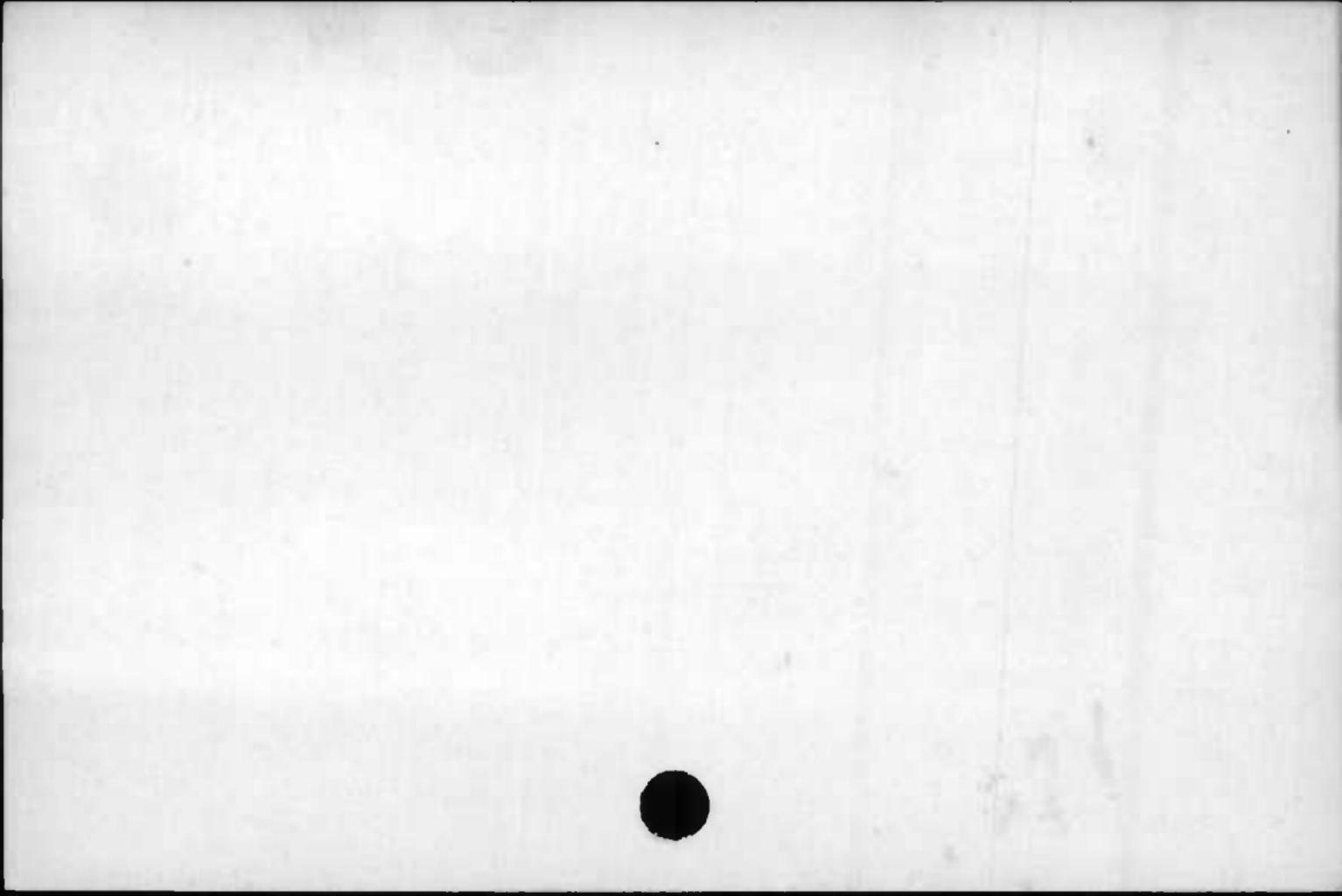
To BE ANSWERED BY
NEAREST FRIEND

Died at		Tow.	County	MARYLAND	
Date of death	1906	Month 8	Day 2	Years Age 82	Months — Days —
Sex	Male	Color or Race	Colored.	Birth-place	Maryland.
Occupation	Laborer.	Where Residing if not at place of death Upper Marlboro, Md.			
Married, Single or Widowed	Widower	Name of Wife or Husband	Mary East		
Father's Name	William Jones			Father's Birthplace	Md.
Mother's Maiden Name	—			Mother's Birthplace	—
Name of person giving Information	Thomas Perry			How related to deceased	Son-in-Law.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	old age	How long
Immediate	Exhaustion	154
Are the name, age, sex, color, date and place correctly given above?		How long
Yes		2 months
Signature of Physician		Marvin W. Turner, M.D.
Address		Upper Marlboro, Md.
Accident or Suicide?		



Name
in
Full

Egbert L. Keys

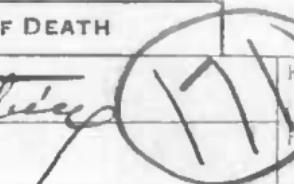
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

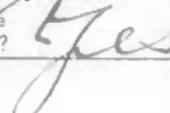
Died at <u>Allectowee</u> Town		<u>P.L.</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>Aug</u>	Day <u>29</u>	Years <u>—</u>	Months <u>8</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Age <u>—</u>			
Occupation <u>House</u>	Where Residing if not at place of death <u>Allectowee</u>				
<u>Married, Single or Widowed</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>—</u>	Father's Birthplace <u>—</u>				
Mother's Maiden Name <u>—</u>	Mother's Birthplace <u>—</u>				
Name of person giving Information <u>Isaak Aller</u>	How related to deceased <u>Grandfather</u>				

PHYSICIAN
OR CORONER

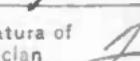
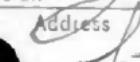
CAUSES OF DEATH

Primary Shock from lightning  How long 7 days
Immediate Paroxysm  How long

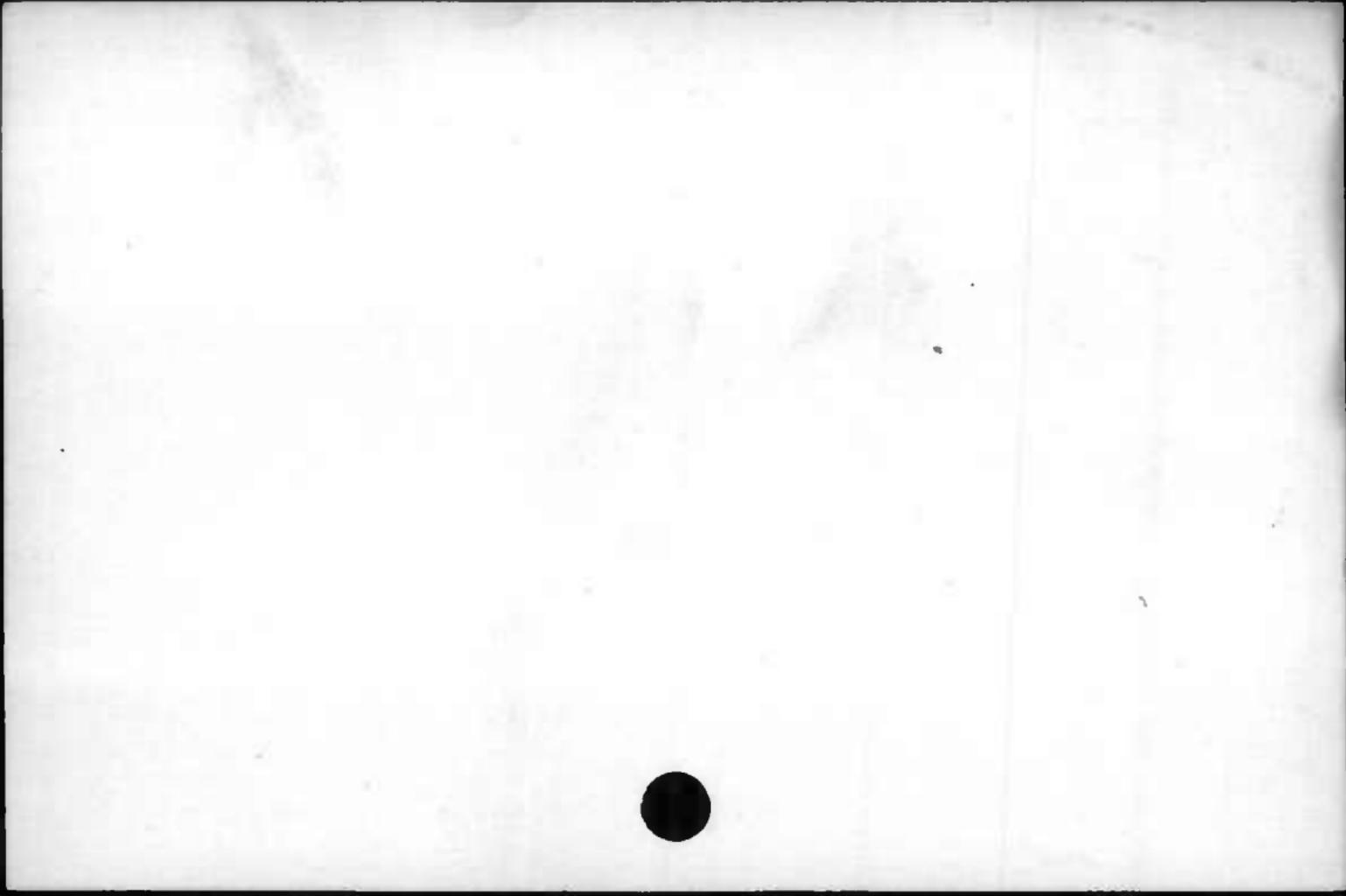
Are the name, age, sex, color, date and place correctly given above?

 Yes

Signature of Physician

 Eg L. Waney
 Clinton

Accident or Suicide?



Name
in
Full

Howard Shock Larcombr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
1906	Aug.	21	56	"	"	19
Sex	Male	Color or Race	White			
Occupation	Telegrapher		Where Residing at place of death	at place of death		
Married, Single or Widowed	Name of Wife or Husband		Rosie He Larcombr			
Father's Name	John He Larcombr		Father's Birthplace	New Jersey		
Mother's Maiden Name	Elizabeth D Shock		Mother's Birthplace	Pa		
Name of person giving Information	Rosie He Larcombr		How related to deceased	Wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Open heart

14

How long

about 10 a.m.

Immediate

Prostration

How long

about 8 or 10 hr

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

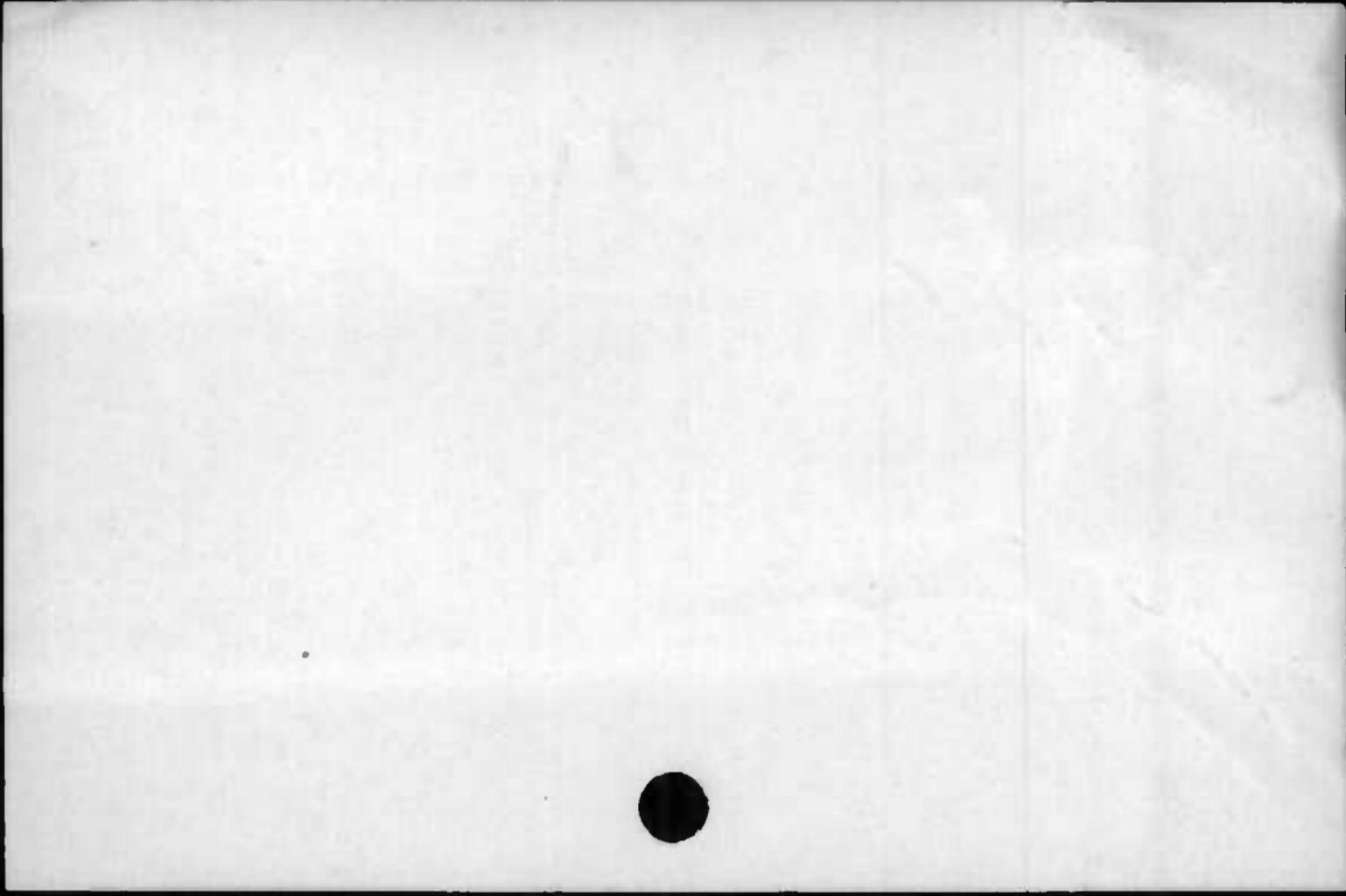
C. A. Fox

Bethesda

Mo

Yes

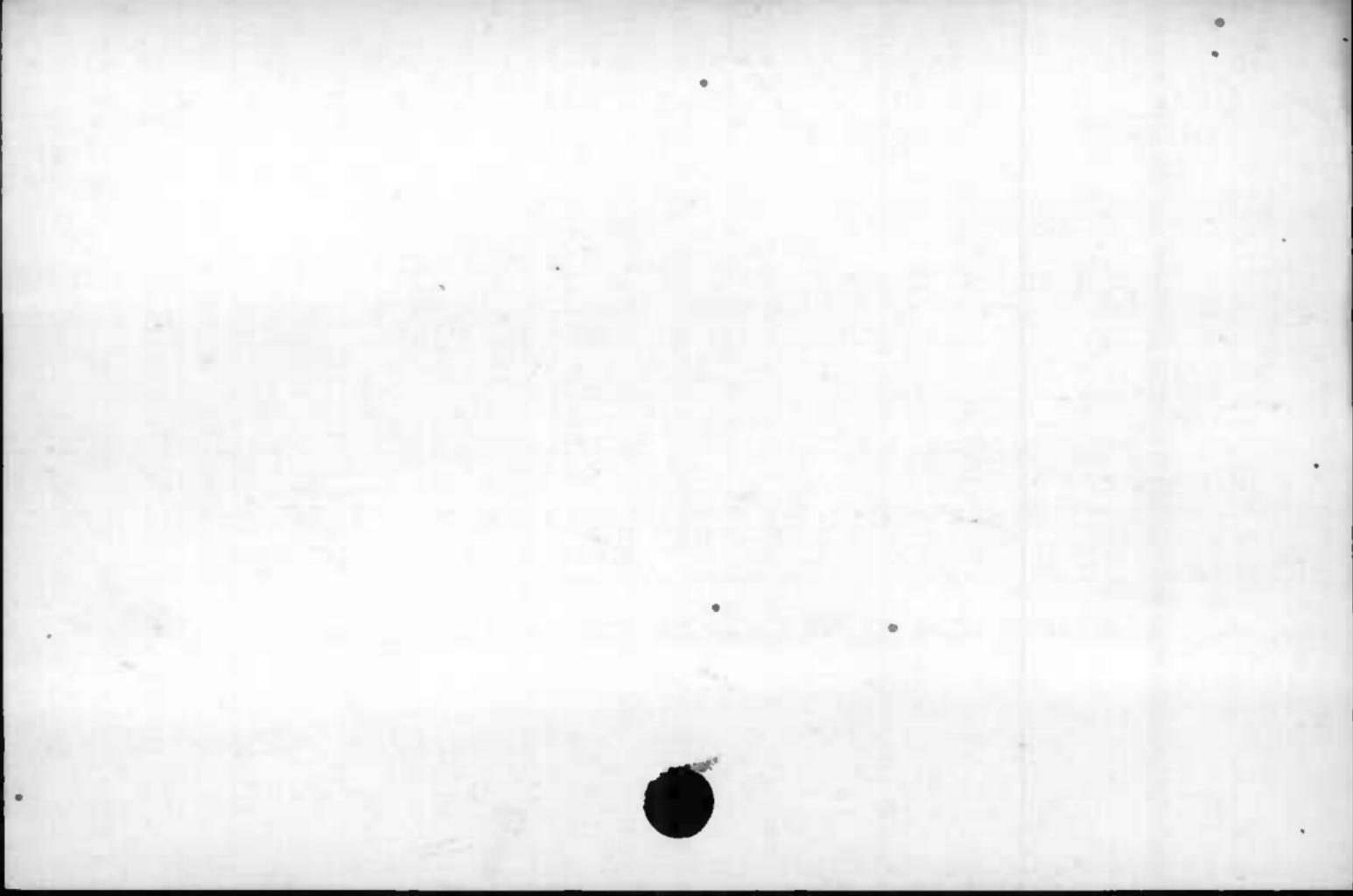
Accident or Suicide?



<h1>May Elizabeth Leatherwood</h1> <p>Town <u>Laurel</u> County <u>Pr. George</u></p>				CERTIFICATE OF DEATH	
				MARYLAND	
Died at	Month	Day	Years	Months	Days
Date of death <u>190</u>	<u>Aug</u>	<u>8</u>	Age	<u>4</u>	<u>29</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Laurel</u>			
Occupation <u>Unemployed</u>	Where Residing if not at place of death <u>Laurel</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>James A. Leatherwood</u>	Father's Birthplace <u>Carroll Co. Md.</u>				
Mother's Maiden Name <u>Leah R. Aylor</u>	Mother's Birthplace <u>Frederick Co. Md.</u>				
Name of person giving information <u>Leah H. Leatherwood</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

Primary <u>Meningitis.</u>	How long <u>3 months.</u>
Immediate <u>Spasms</u>	How long <u>3 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. R. Aylor</u>
Address <u>Laurel Md</u>	
Accident or Suicide? <u>—</u>	



Name
in
Full

Lawson Lewis

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Riverdale		County		MARYLAND	
Date of death 1906	Month august	Day 16	Years 22	Months	Days
Sex Male	Color or Race Colored	Birth-place Va			
Occupation Labourer		Where Residing if not at place of death Riverdale			
Married, Single or Widowed yes	Name of Wife or Husband Rutha				
Father's Name Albert Lewis	Father's Birthplace Va				
Mother's Maiden Name Ellen Cary	Mother's Birthplace Va				
Name of person giving information Henry Ewell	How related to deceased Brown Law				

CAUSES OF DEATH

Primary

Struck by 516 Train on B&O R.R.

How long
166

Death instantaneous

How long

Immediate

Broken up entirely

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

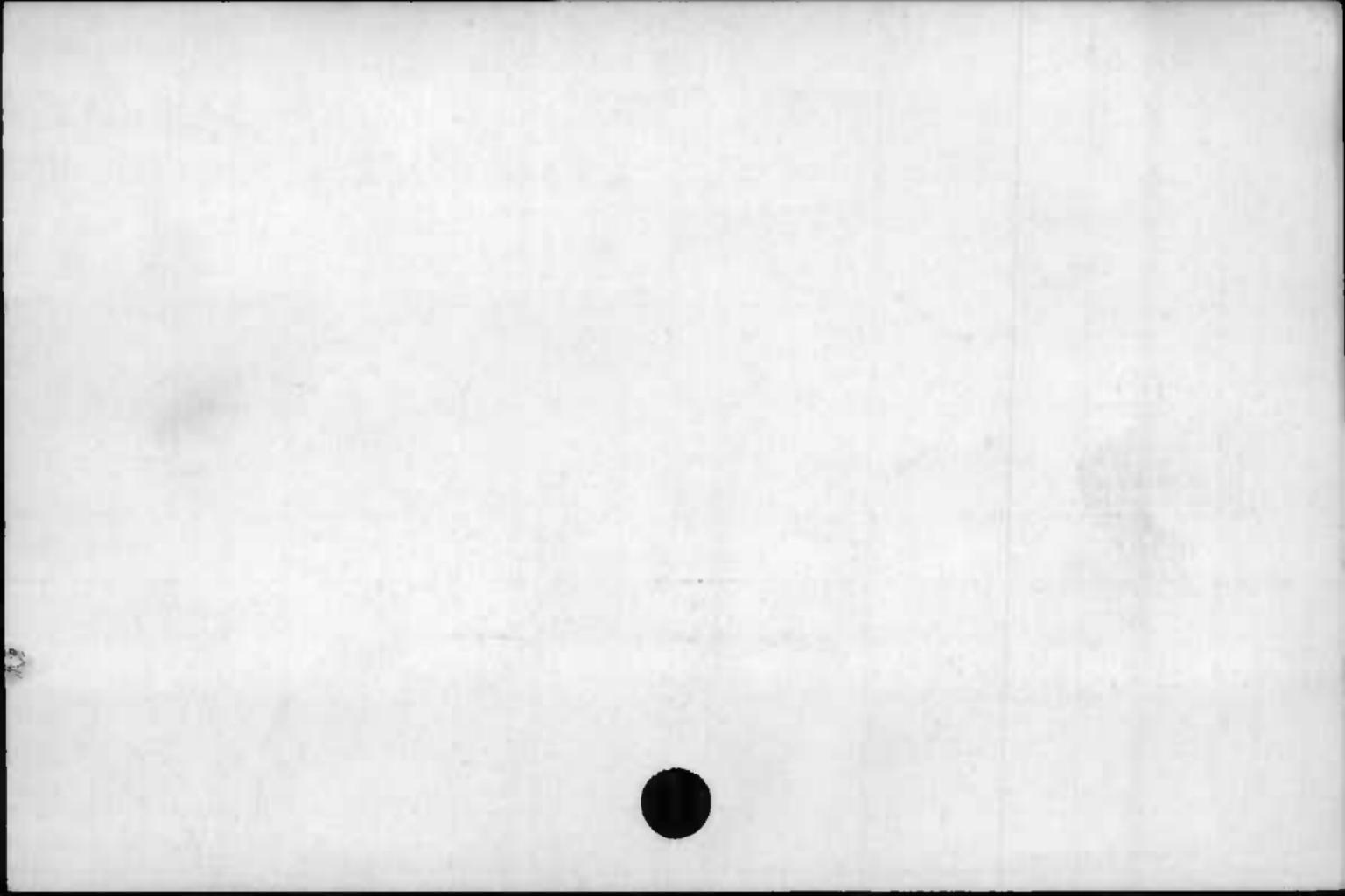
Signature of Physician

John F. Hickey Jr
acting Coroner

Hyattsville, P.G. Co Md.

Accident or Suicide?

accident



Name
in
Full

Francis McMonagle

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death		Birth-place		
Married or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace			Ireland	
Mother's Maiden Name	Mother's Birthplace			Ireland	
Name of person giving information	How related to deceased			Son	

1906 August 5th 65-
Male White Ireland
Cabinet maker
Widower Francis
Unknown
Frank J. McMonagle

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Heart disease.

19

How long

Two weeks

Immediate

Exhaustion.

How long

About one hour

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Yes.

R. A. Schoonover M.D.
203 Anacostia Ave
Berkeley, D.C.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Henry Mahoney.

CERTIFICATE OF DEATH

Died at <u>Discolatory</u>		Town <u>W.L.</u>	County		MARYLAND		
Date of death <u>1906 Aug</u>	Month <u>Aug</u>	Day <u>18</u>	Years	Months	Days	<u>2</u>	
Sex <u>Female</u>	Color or Race <u>Brach</u>	Birth-place <u>bed</u>		<u>Hocco</u>			
Occupation <u>House</u>	Where Residing if not at place of death						
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband						
Father's Name <u>Arthur Mahoney</u>	Father's Birthplace <u>bed</u>						
Mother's Maiden Name <u>Red</u>	Mother's Birthplace <u>bed</u>						
Name of person giving information <u>Arthur Mahoney</u>	How related to deceased <u>Father</u>						

CAUSES OF DEATH

Primary Grenatine birels (5) How long 2 days
How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

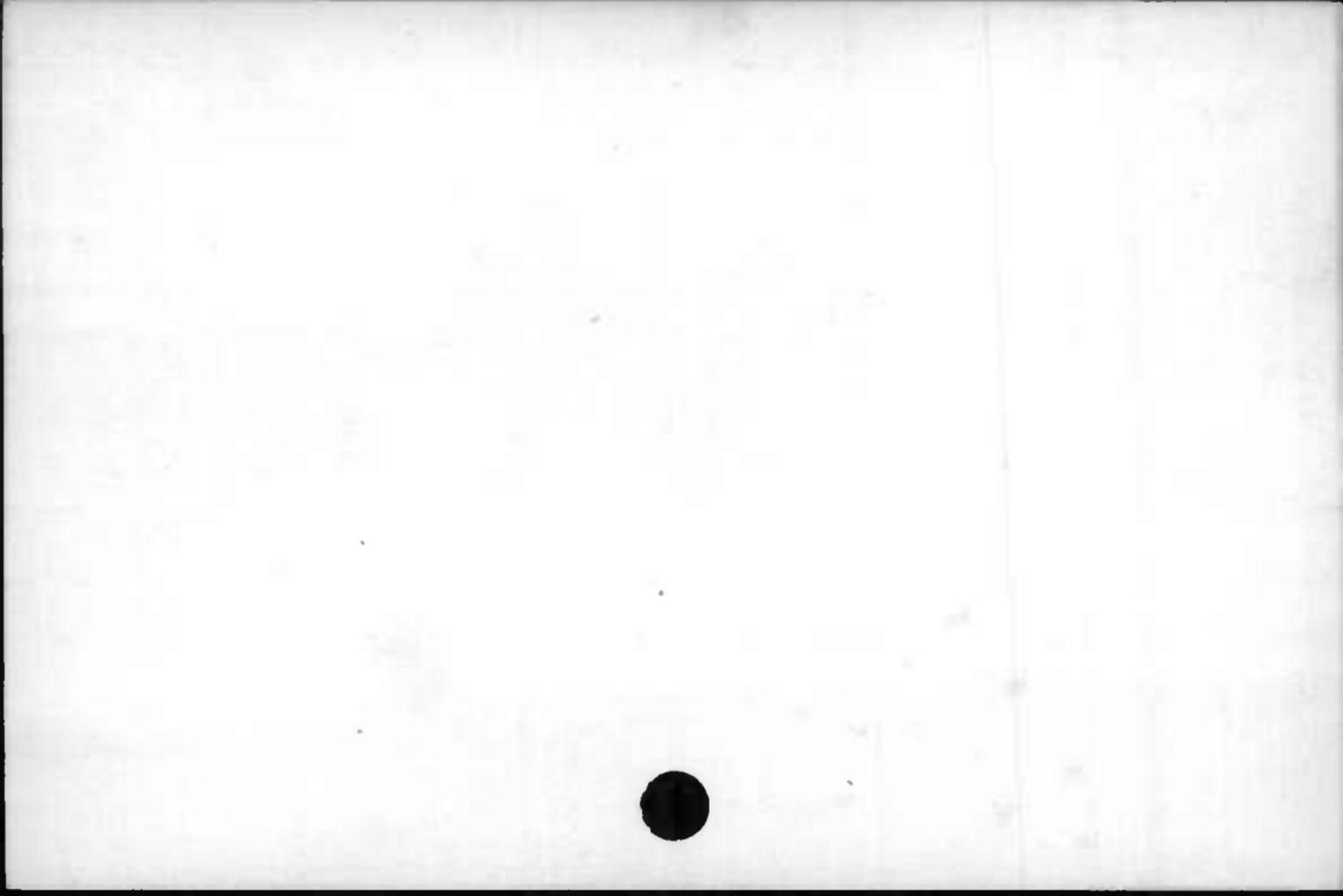
Yes

Signature of Physician

Address

Dr. physician
J. L. Haining
Elinton Md.

Accident or Suicide?



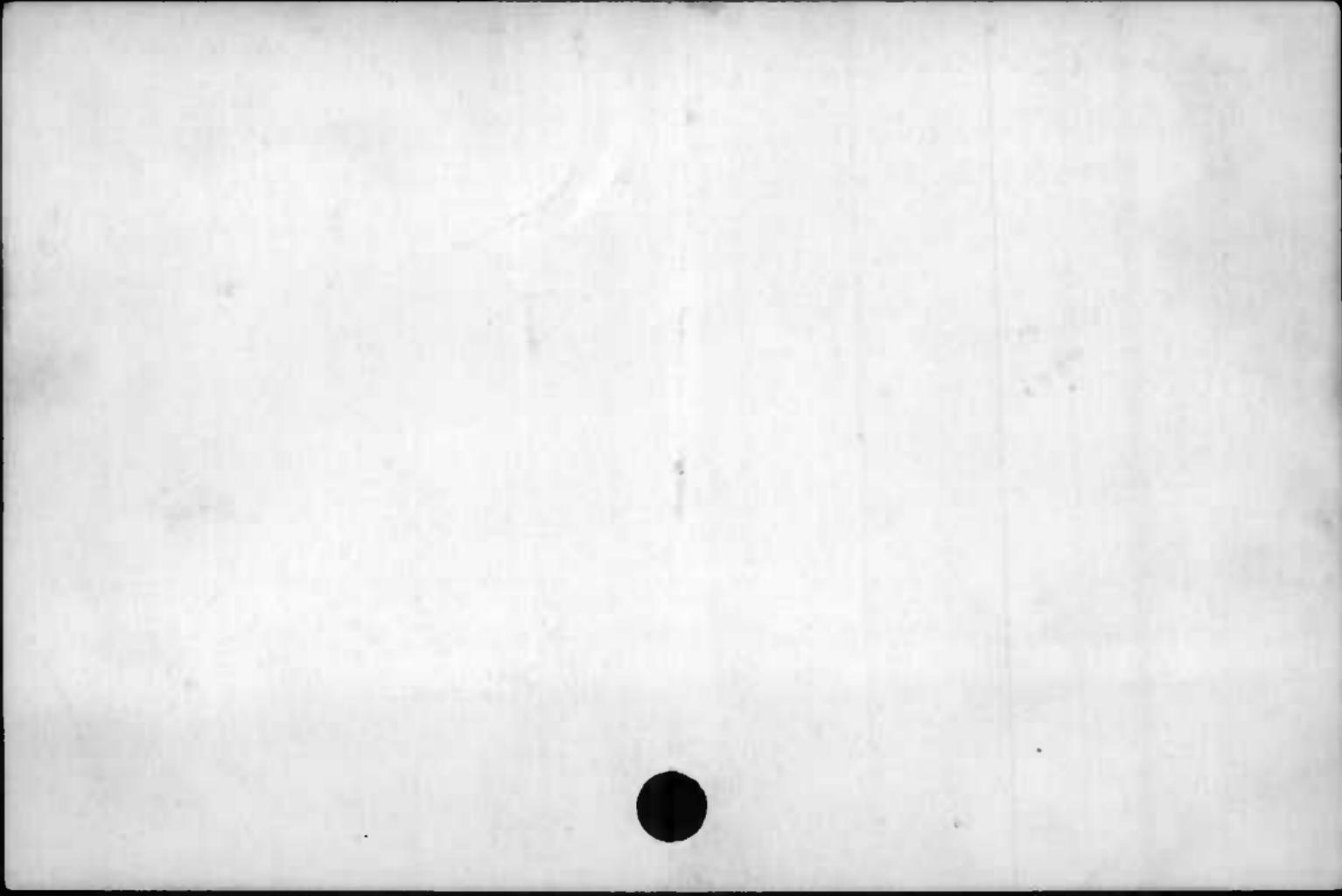
John Malatesta

CERTIFICATE OF DEATH

Died at	Town Ardwick Md. Prince Georges County			MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1906	Aug.	20 th	83, 11 months			
Sex	Male	Color or Race	White	Birth-place	Italy	
Occupation	Retired over.			Where Residing if not at place of death	Ardwick	
Married, Single or Widowed	Widowed			Name of Wife or Husband	Mary	
Father's Name	Andrew Malatesta			Father's Birthplace	Italy	
Mother's Maiden Name				Mother's Birthplace	Italy	
Name of person giving Information	L. F. Menikhian			How related to deceased	cousin - la	

CAUSES OF DEATH

Primary	Urothral Stricture (V)			How long	Several years
Immediate	Retained Urine			How long	2 1/2 days
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	D. L. Farley	
YLS			Address	H. F. A. B. W. H. L.	
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Margaret Dorsey Mullikin

Died at Collington		Town Collington	County Prince Georges	MARYLAND	
Date of death 1906	Month August	Day 31	Age 78	Months 5	Days 10
Sex Female	Color or Race white	Birth- place Millsboro Md.			
Occupation	Where Residing if not at place of death Collington Md.				
Married, Single or Widowed widow	Name of Wife or Husband Jas. M. E. Mullikin Md.	Father's Birthplace Millsboro Md.			
Father's Name Matthew Hammond	Mother's Birthplace Millsboro Md.				
Mother's Maiden Name Harriet Dorsey	How related to deceased Son				
Name of person giving Information R. L. Mullikin					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Gastro Entric Catarrh

How long
106

Two years

Immediate

Perforation

How long

found

Are the name, age, sex, color, date
and place correctly given above?

Yes

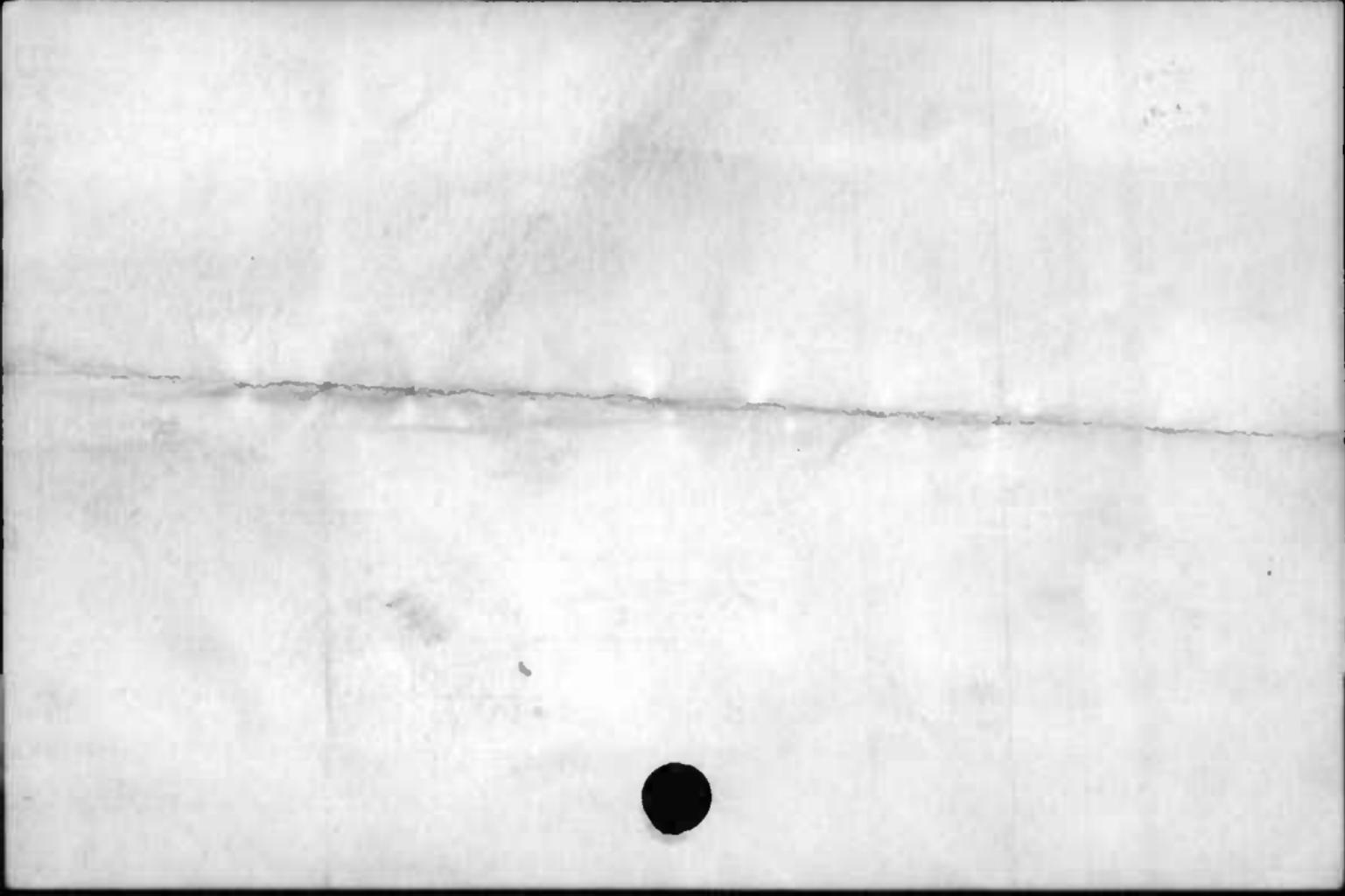
Signature of
Physician

Address

John M. Duvall M.D.
Springfield Md.

Accident or Suicide?

No



Name
in
Full

Parker

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Hyattsville		Town	County		MARYLAND	
Date of death	1906	Month Aug	Day 9	Age	Months	Days
Sex	Male	Color or Race	Still birth			
Occupation	Where Residing if not at place of death			Hyattsville		
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Benj Parker			Father's Birthplace	West River Md	
Mother's Maiden Name	Eliza Sellman			Mother's Birthplace	"	
Name of person giving Information	Benj Parker			How related to deceased	Father	
CAUSES OF DEATH						
Primary	Still Birth			How long		
Immediate				How long		

Are the name, age, sex, color, date and place correctly given above?

Yes

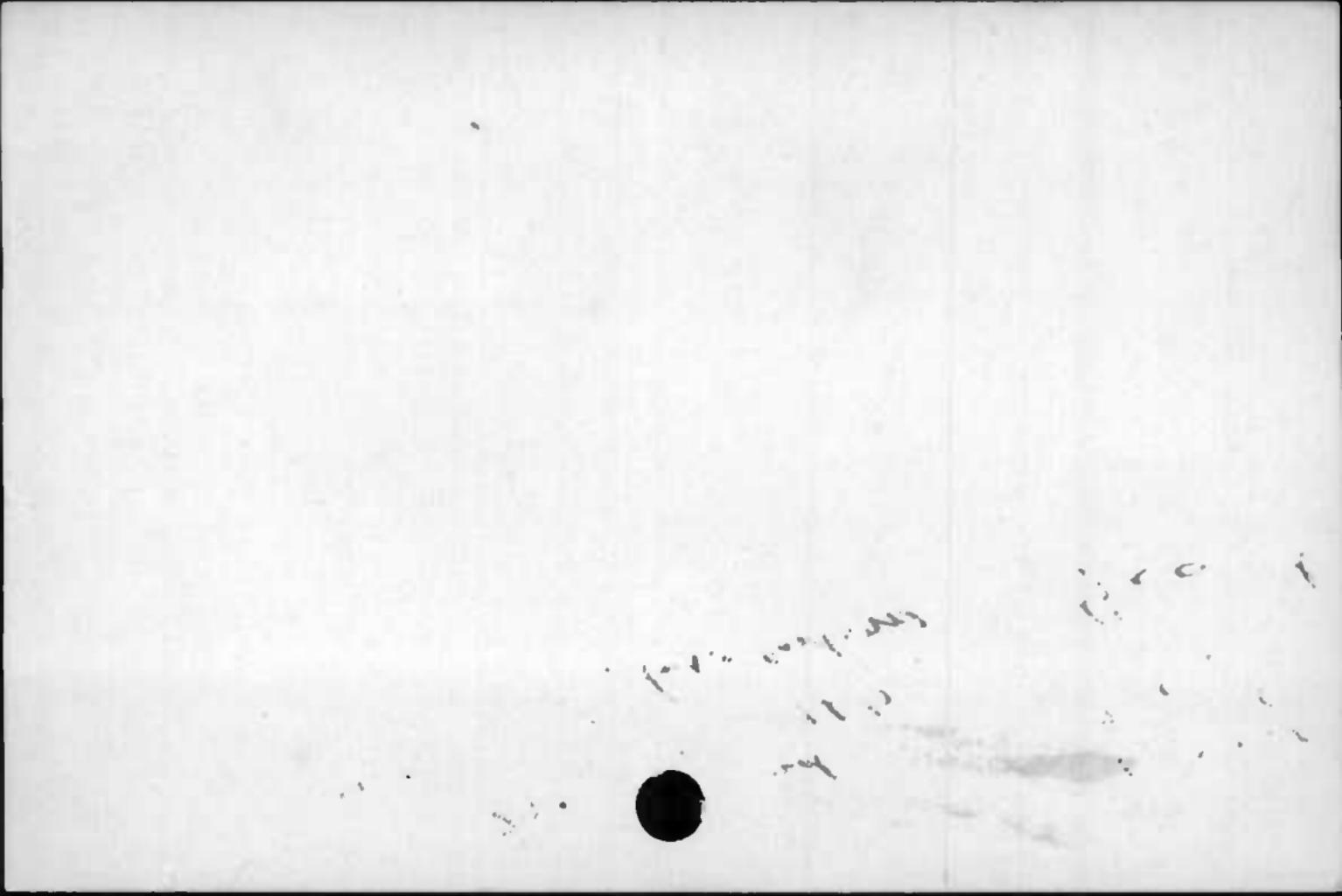
Signature of Physician

Address

Dug Whiteman
Hyattsville
Md

Accident or Suicide?

Neither



Name
in
Full

Samuel E Rabbitt

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	28	3
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	DC		
Father's Name	D.C.			
Mother's Maiden Name	W.C.			
Name of person giving Information	niece			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary General Debility (154) How long 1 year

Immediate Cardiac failure How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

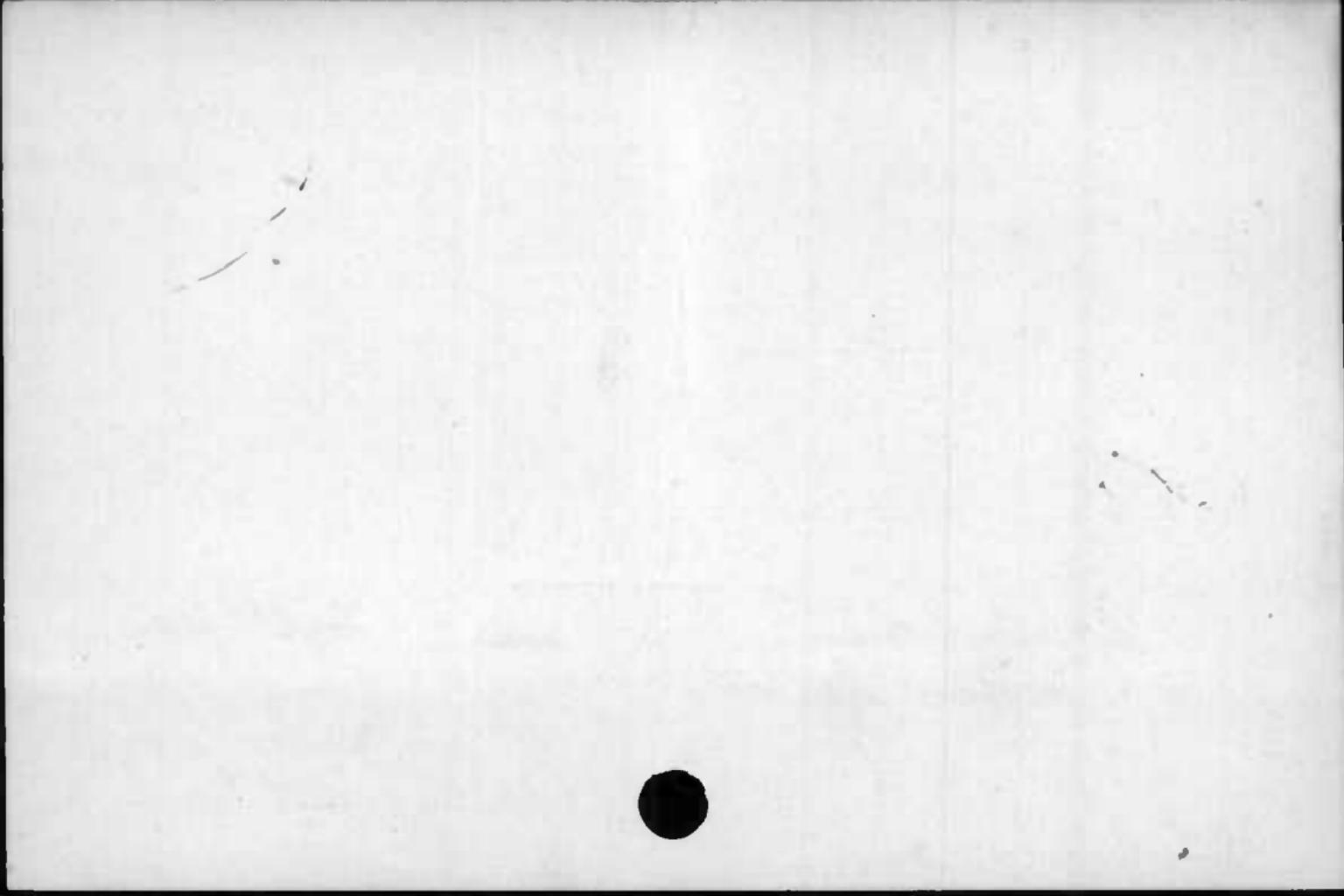
Address

Samuel W. Atkinson MD

Hyattsville
Md

Accident or Suicide?

Neither



Name
in
Full

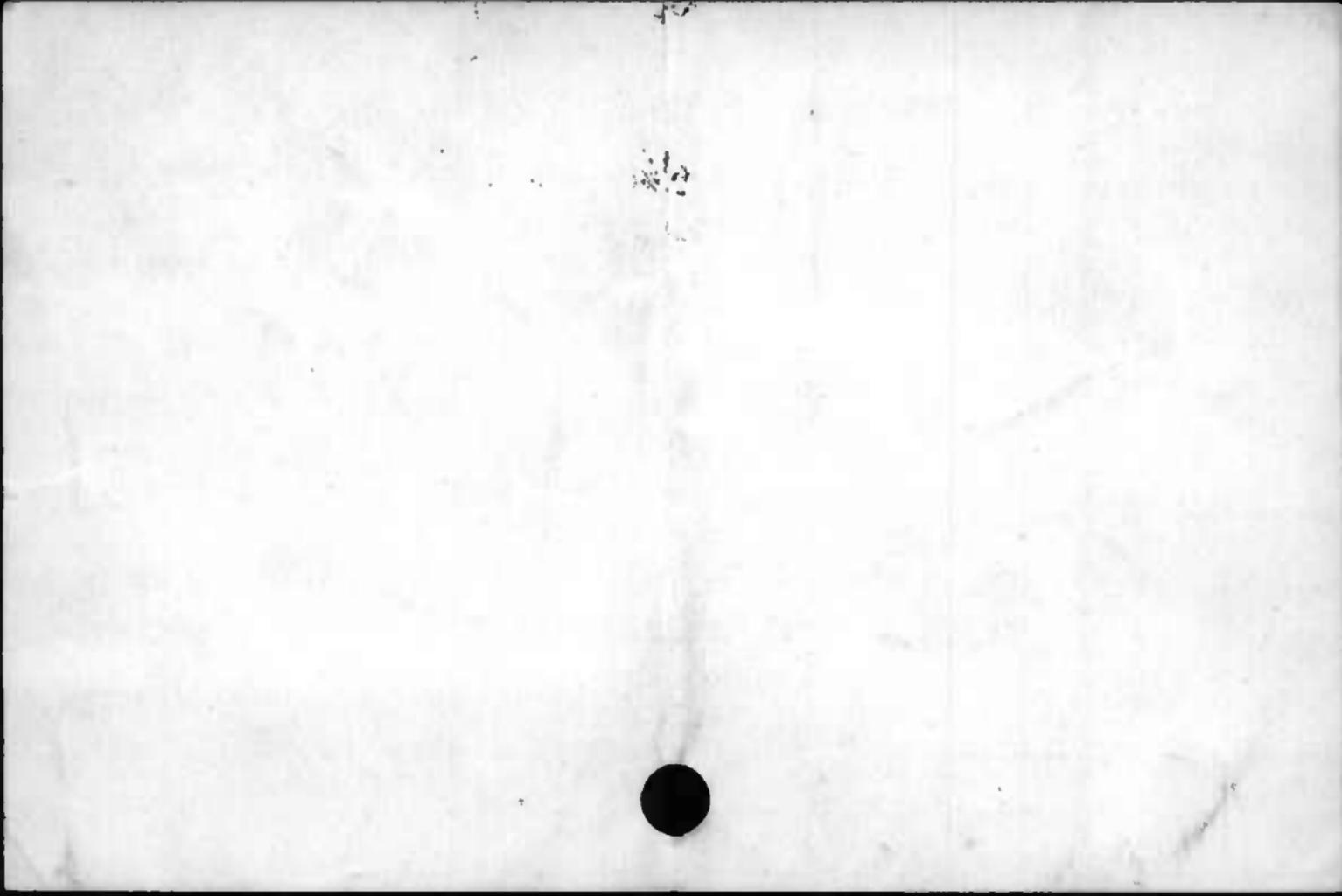
TO BE ANSWERED BY
NEAREST FRIEND

Alice Mand Roberts

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Died at	Collington	Prince George			
Date of death 190	Month	Day	Years	Months	Days
	6 August	26 th	Age 23	11	8
Sex	Female	Color or Race	White	Birth-place	same as above
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband	Washington, D.C.		
Father's Name	J. Owen Roberts				
Mother's Maiden Name	Alice Bowie				
Name of person giving Information	Clarence M. Roberts				
CAUSES OF DEATH					
Primary	Appendicitis				
Immediate	Cardiac Arrest				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
g			P. E. M. Durall M.D.		
Address			Springfield Inst.		
Accident or Suicide?			Ad -		

PHYSICIAN
OR CORONER



Name
in
Full

Catherine Alice Roberts

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Allen town Town Pr. Geo. County
Date of death 1906 Month 8 Day 18 Age 60 Years
Sex Female Color or Race White Birth-place Not
Married, Yes or Widower Widow Occupation
Name of John M. Roberts Husband invalid
Father's Name George F. Connick Father's Birthplace Md
Mother's Maiden Name Sophia Mother's Birthplace "
Name of person giving information John Roberts How related to deceased 106 Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Gastro-Enteritis - Colitis How long 1 week
Immediate " " " How long

Are the name, age, sex, color, date and place correctly given above?

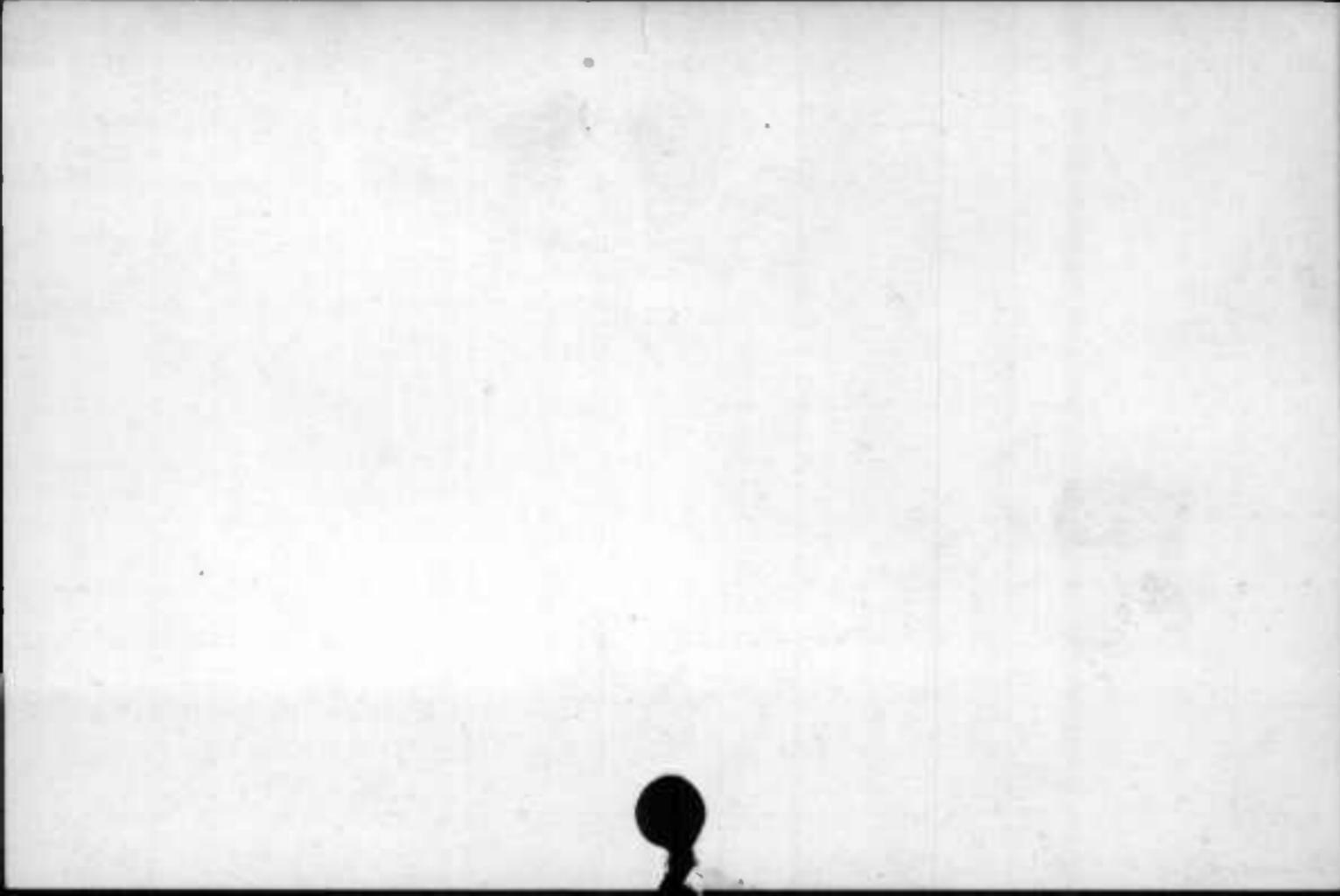
Yes

Signature of Physician

Address

E. P. Simpson M.D.
Rosedale Md.

Accident or Suicide?



Name
in
Full

Eva Phillips Rome

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place		
Occupation	Housewife			Philadelphia, Pa.		
Married, Single or Widowed	Married	Name of Wife or Husband	Where Residing if not at place of death			
Father's Name	Aaron Phillips			John J. Rome		
Mother's Maiden Name	Elizabeth Morris			Germany		
Name of person giving information	John J. Rome			Germany		
				How related to deceased		
				Husband		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Lobar Pneumonia

How long

8 days.

Immediate

Edema of lungs

How long

3 days.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Dr. A. R. Walker

Address

Halls, Md.

Accident or Suicide?



Name
in
Full

Edna Smith

CERTIFICATE OF DEATH

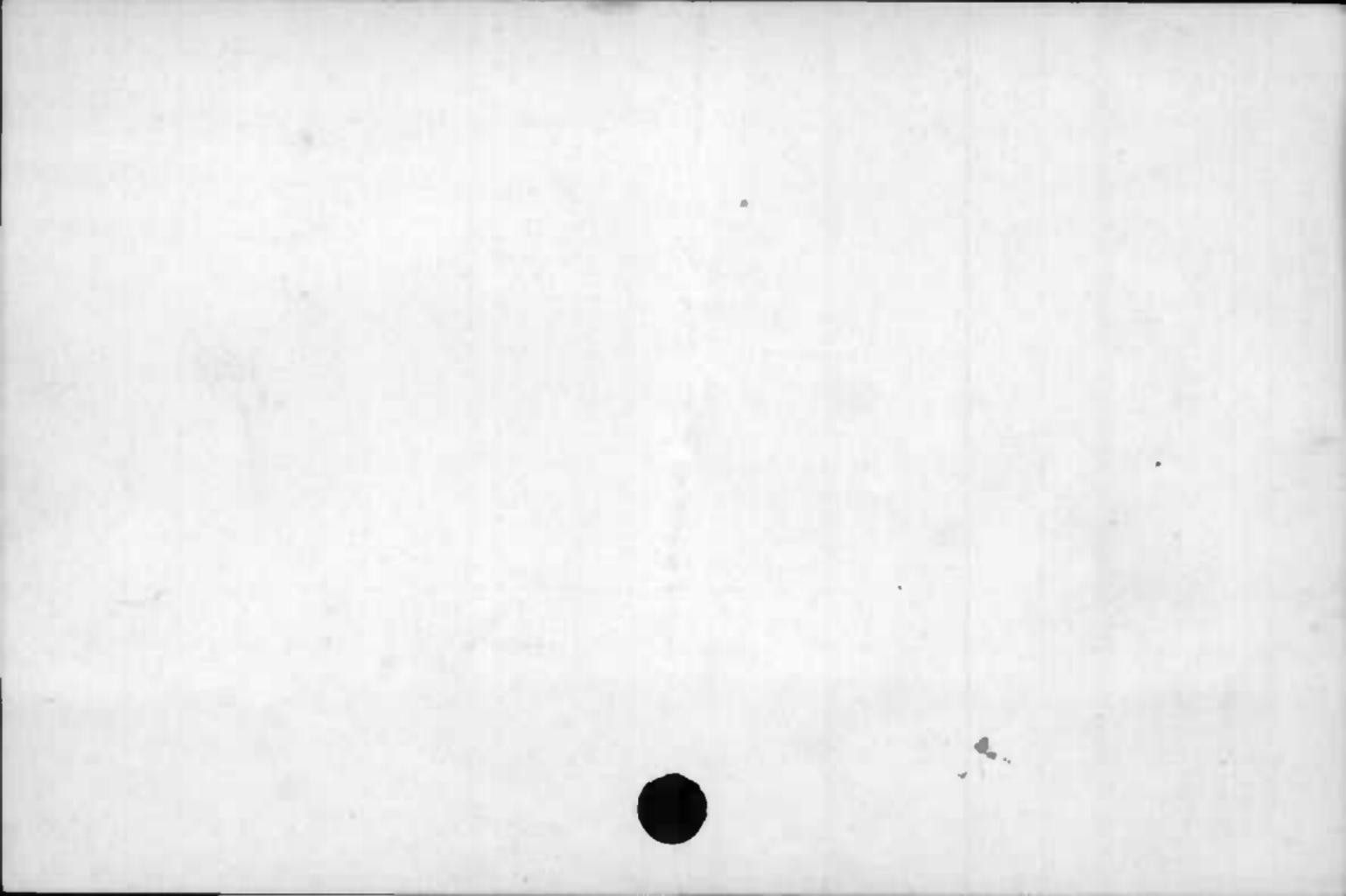
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906	Month Aug	Day 11	Years 1	Months	Days 17
Sex	Female	Color or Race	White		Birth-place	Riversdale
Occupation				Where Residing If not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Arthur Smith			Father's Birthplace	Md	
Mother's Maiden Name	Mary Holroyd			Mother's Birthplace	D.C.	
Name of person giving Information	Arthur Smith			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Wheezing Cough	⑧	How long	3 whs
Immediate	Convulsions		How long	few hours.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Isaac W. Rutherford	
		Address	Hyattsville Md	
Accident or Suicide?	Neither			



Name
in
Full

John Henry Phorne
Friendly Pres.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Bled at	Town	County			
Date of death	Month	Day	Age	Years	Months Days
Sex	Color or Race	White	Birth-place		
Occupation	Where Residing if not at place of death				
Married, <input checked="" type="checkbox"/> Widowed	Name of Wife or Husband	Elizabeth Phorne			
Father's Name	Enoch Phorne	Father's Birthplace	Md		
Mother's Maiden Name	Elizabeth	Mother's Birthplace	"		
Name of person giving information	Joseph Phorne				
How related to deceased Son in Law					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

How long

2 weeks

Immediate

" General Debility

How long

Are the name, age, sex, color, date and place correctly given above?

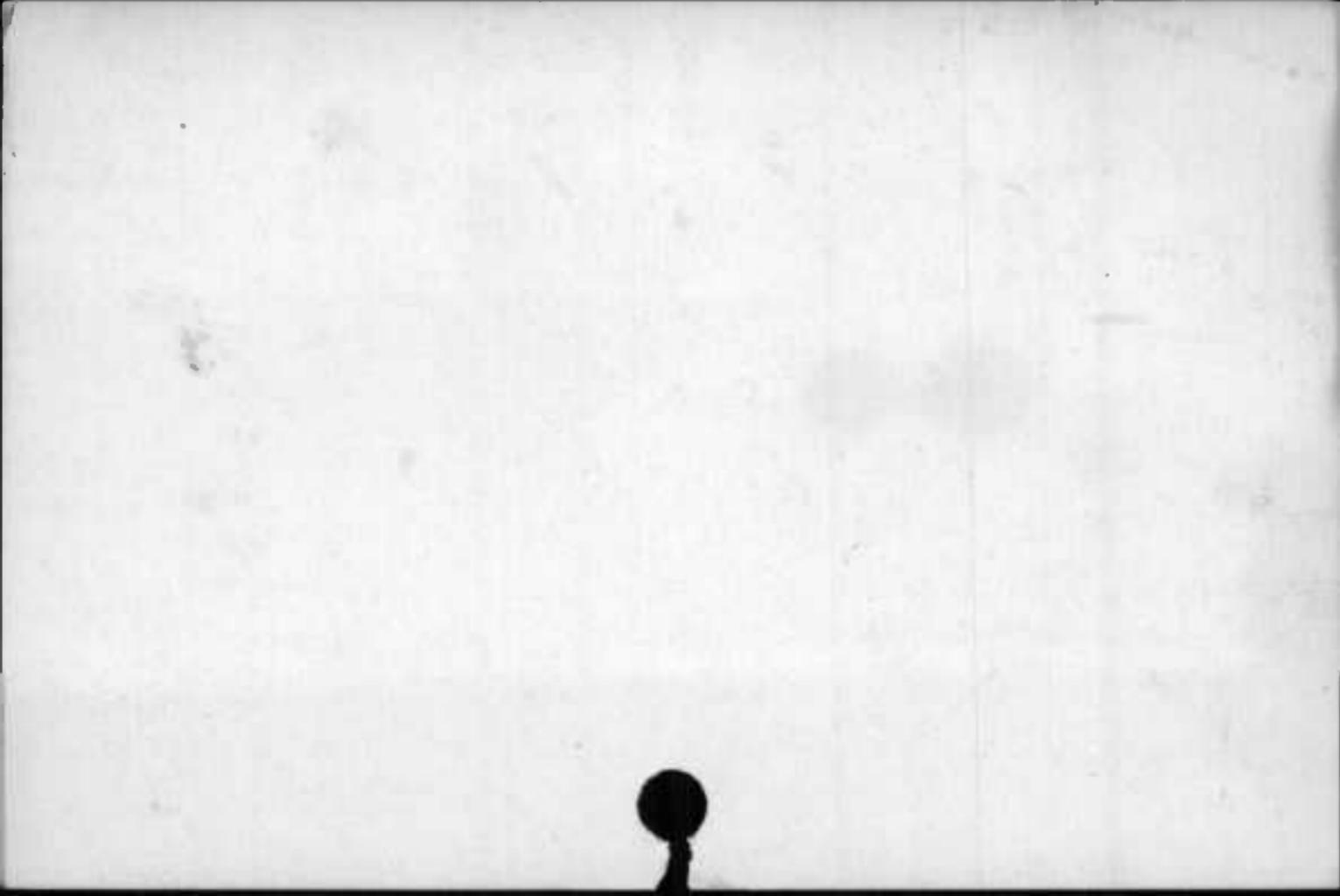
Yes

Signature of Physician

Address

E.P. Simpson M.D.
Rosecroft Md.

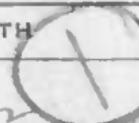
Accident or Suicide?



Died at <u>Peterson</u>		Town	County <u>Pierce County</u>		MARYLAND	
Date of death <u>1906 Aug 6</u>	Month	Day	Age <u>20</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race	<u>White</u>		Birth-place	<u>Ma</u>	
Occupation <u>Photographer</u>	Where Residing if not at place of death <u>Peterson Ma</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband					
Father's Name <u>Edward M. Jeff</u>	Father's Birthplace <u>Ma</u>					
Mother's Maiden Name <u>Mary S. Baker</u>	Mother's Birthplace <u>Ma</u>					
Name of person giving information <u>Father</u>	How related to deceased					

CAUSES OF DEATH

Primary

Typhoid Fever

How long

One week

Immediate

Hemorrhage Internal

How long

One day

Are the name, age, sex, color, date and place correctly given above?

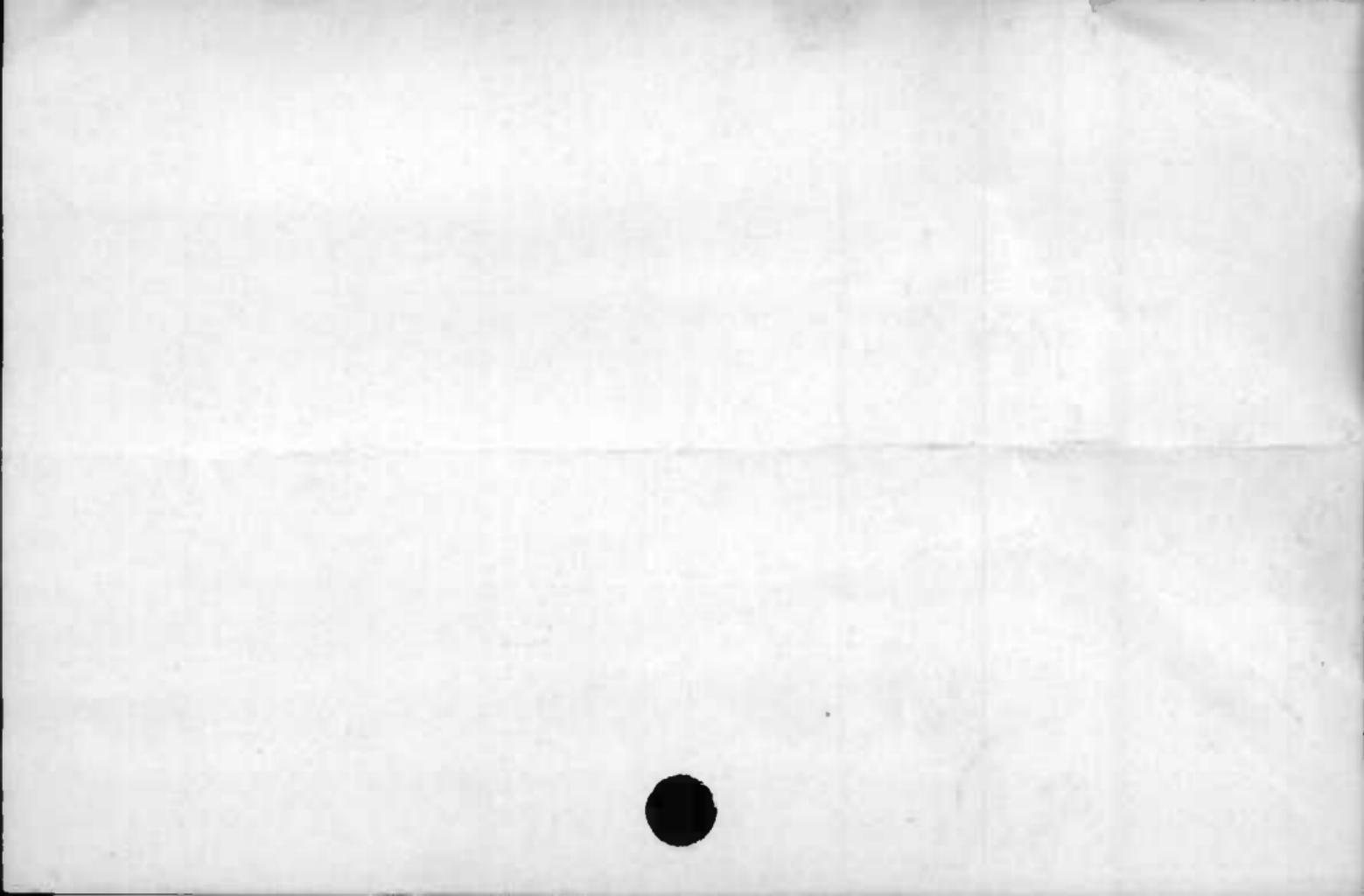
Signature of Physician

Address

Yes

Peterson Ma

Accident or Suicide?



Name
in
Full

William Bork Verelch

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County			
Died at College Park	Prince George			
Date of death 1906 Aug 31	Month Day	Years	Months	Days
Sex Male	Color or Race	White	Birth-place	Washington D.C.
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Father's Birthplace			
Gleches P Verelch	Maryland			
Mother's Maiden Name	Mother's Birthplace			
Laura Boyle	Maryland			
Name of person giving information	How related to deceased			
Gleches P Verelch	Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Meningitis

(6)

How long

one year

Immediate

Acute Meningitis

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. B. Mynterop.
1629-14th St NW
Washington D.C.

Accident or Suicide?



Name
in
Full

Elsworth Ward

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

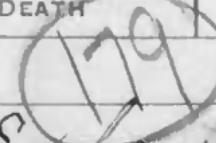
Died at		Town	County		MARYLAND	
Date of death	1906	Month 8	Day 9	Years Age	Months 7	Days Mo.
Sex	male	Color or Race	White	Birth- place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Elsworth Ward					Father's Birthplace
Mother's Maiden Name	Gertrude Spencer					Mother's Birthplace
Name of person giving Information	Elsworth Ward					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Marasmus



How long

6 mos

Immediate

Emaciation & Excoriation

How long

Are the name, age, sex, color, date
and place correctly given above?

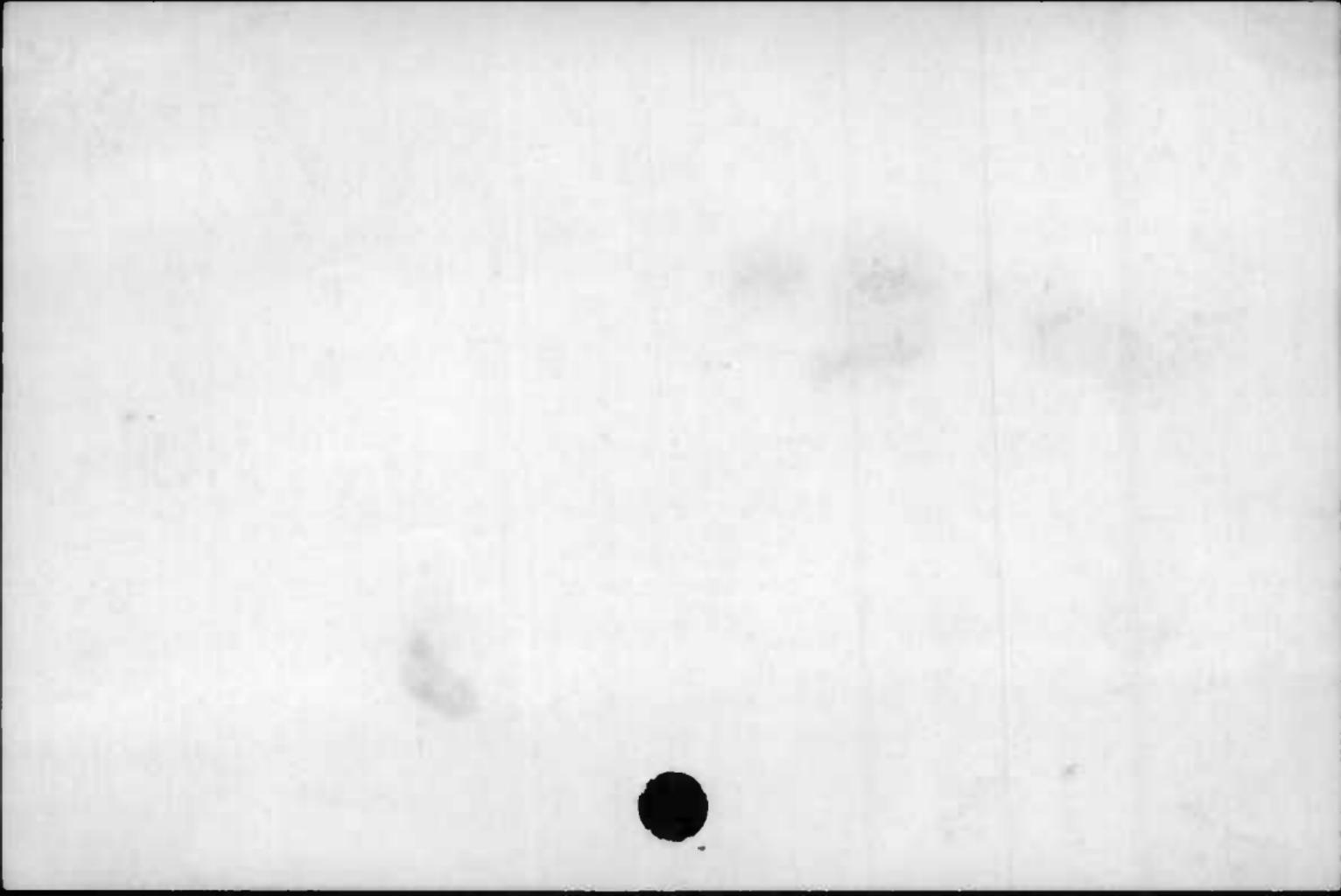
yes

Signature of
Physician

Address

E.P. Simpson M.D.
Rosecroft Md.

Accident or Suicide?



Name
in
Full

Laura V Welsh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND		
Died at	Prince George					
Date of death 1906	Month Aug	Day 17	Years 57	Months 9	Days 12	
Sex Female	Color or Race White	Birth-place Md				
Occupation Housewife	Where Residing if not at place of death —					
Married, Single or Widowed	Name of Wife or Husband —					
Father's Name Lycorus Welsh	Father's Birthplace Md					
Mother's Maiden Name Matilda Squieris	Mother's Birthplace Md					
Name of person giving information	How related to deceased son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Intestinal obstruction

How long

3 days

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

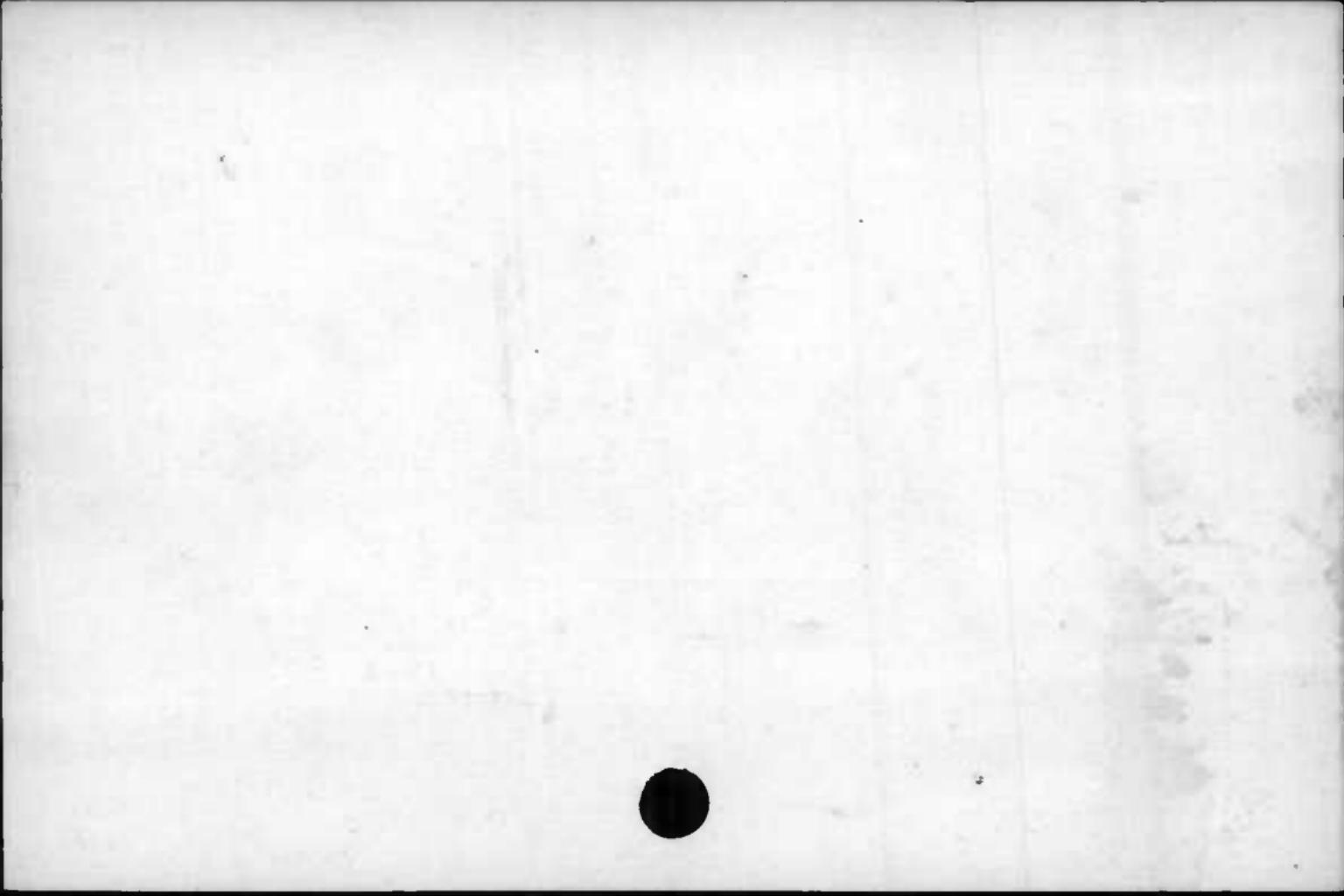
Yes

Signature of Physician

Address

Dr. Ryerson
Samuel M.

Accident or Suicide?



Name
in
Full

George W Wollett

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Virginia Wollott			
Father's Name	George Wollott			Father's Birthplace	Montgomery
Mother's Maiden Name	Ellen Wollott, Donthum			Mother's Birthplace	Donthum
Name of person giving Information	Wenfield Wollott			How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cirrhosis of Liver (12)

How long

7 months

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Ellen A Ryandas
Bowie

Accident or Suicide?

No

0-70-10-16

Name
In
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death		Month	Day	Age	Years	Months Days
Sex	Male	Color or Race	Colored	Birth-place		
Occupation	Farming					
Married, Single or Widowed	Name of Wife or Husband		Where Residing if not at place of death			
Father's Name	Ralph Young		Bertha F. Young			
Mother's Maiden Name	Rachel Bargoll		Md.			
Name of person giving information	How related to deceased					

CAUSES OF DEATH

①

PHYSICIAN
OR CORONER

Primary

Typhoid Fever

How long

26 days.

Immediate

Intestinal Hemorrhage

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John E. Lansbury
Forestville Md.

Obtained in sick

Accident or Suicide?

